
جمعه سلام

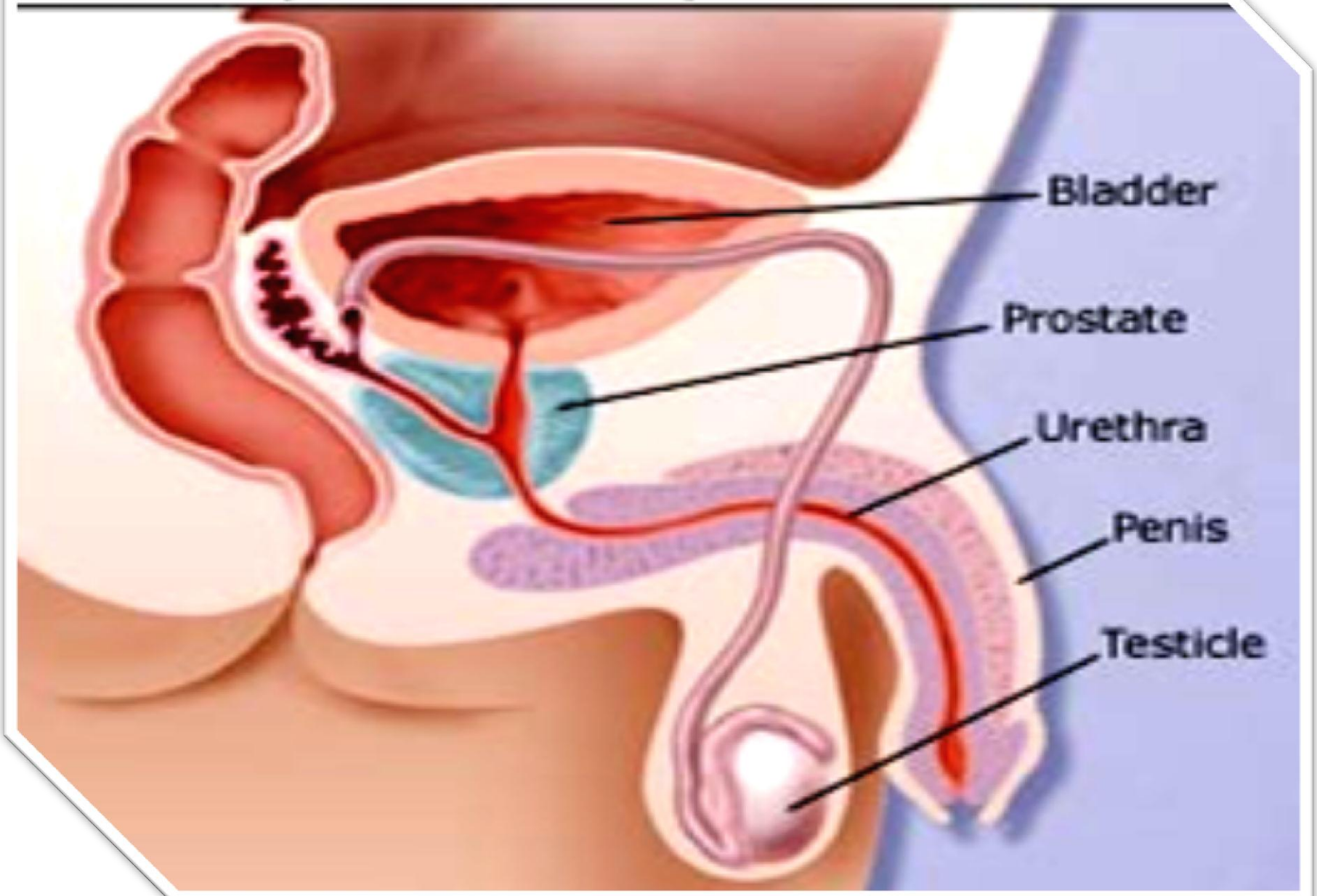
اختلالات عمل جنسی و آموزش ومشاوره

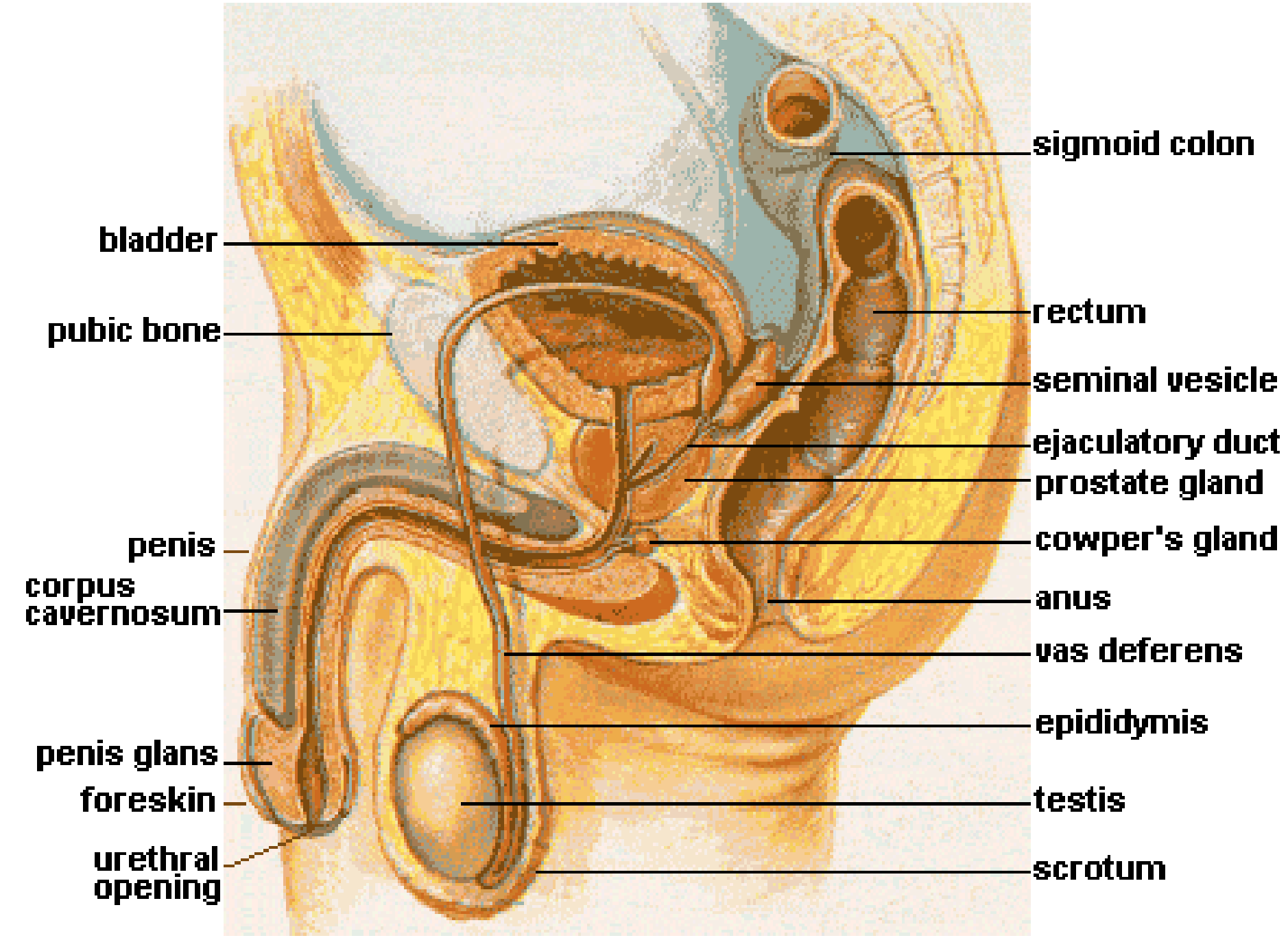
- **هدف کلی درس :**
  - **آشنایی با اختلالات عمل جنسی و آموزش مناسب در این موارد**
  - **اهداف کلی جلسات : (جهت هر جلسه یک هدف)**
  - **آشنایی با فازهای مختلف سیکل پاسخ جنسی**
  - **آشنایی با عواملی مانند سن ، دارو ، بیماریها و ..... تأثیر آنها بر مسائل جنسی**
  - **آشنایی با مسائل جنسی در دوران نوزادی ، نوپایی ، خردسالی ، پیش از مدرسه و دوران مدرسه**
  - **آشنایی با مسائل جنسی دردوران بلوغ و نوجوانی**
  - **آشنایی با فعالیتهای جنسی وتغییرات آن در دوران بارداری و شیردهی آشنآ**
  - **آشنایی با کهنسالی و تأثیر آن بر مسائل جنسی**
  - **آشنایی با بیماریهای مختلف و تأثیر آن ها بر مسائل جنسی**
  - **آشنایی با اختلالات عمل جنسی و طریقه مقابله با آن**

Anatomy of the male reproductive system

- Testis
- Scrotum
- Penis
- Seminal vessicles, prostate gland, bulbourethral glands
- Epididymis, vas deferens, urethra

Male Reproductive System




sigmoid colon
bladder
rectum
pubic bone
seminal vesicle
ejaculatory duct
prostate gland
penis
cowper's gland
corpus cavernosum
anus
vas deferens
epididymis
penis glans
foreskin
testis
urethral opening
scrotum

TESTES

- Primary reproductive organs or gonads
- Production of sperm
- Suspended outside the body cavity by scrotum

PENIS

- **Deposits sperm in female**
- **Erectile tissue (vascular)**
- **Erection results from gorging tissue with blood**

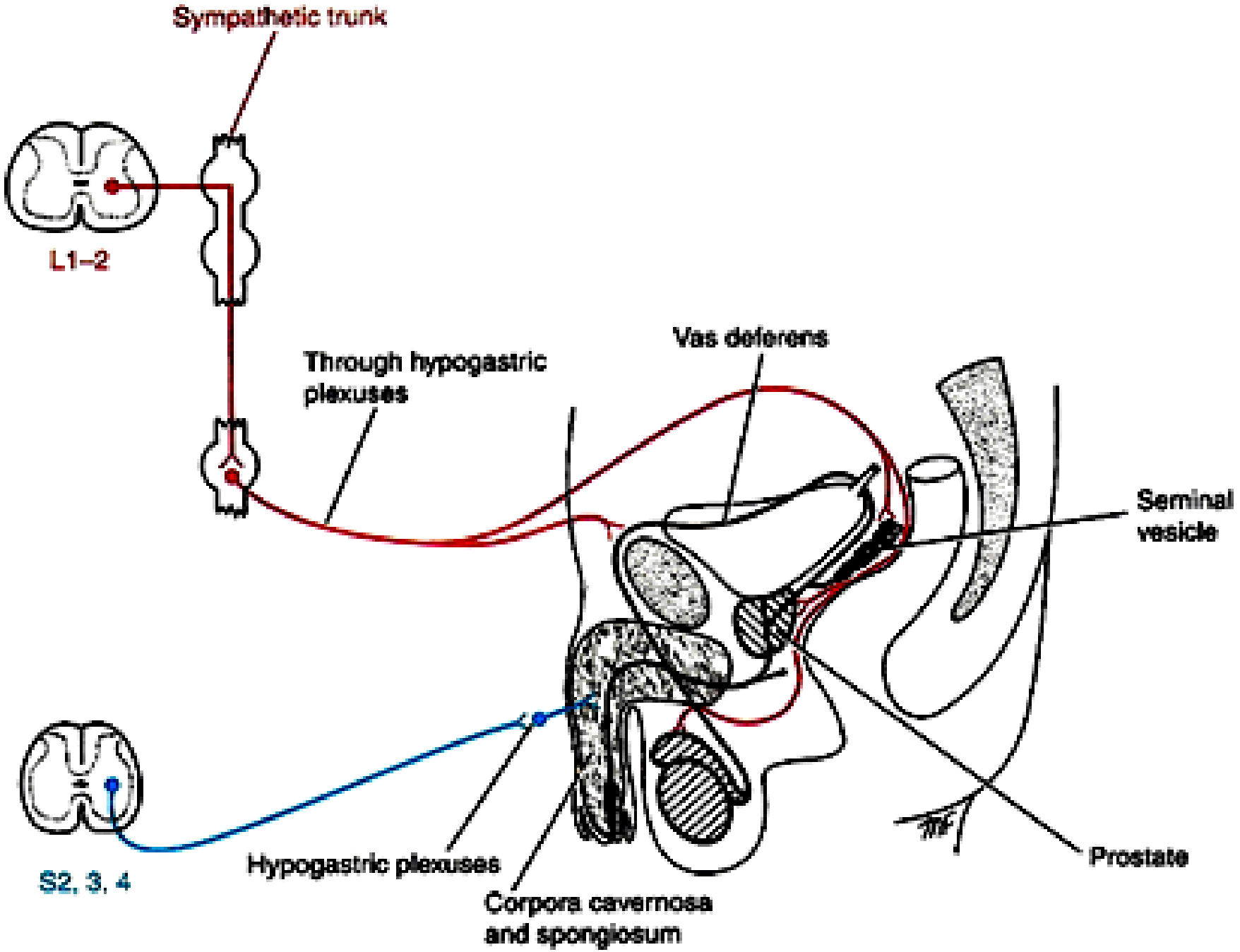
- **Erection is a *parasympathetic spinal reflex* to tactile and other stimulation enhanced by sympathetic *inhibition***

Seminal vessicles, prostate gland, bulbourethral glands

- **Provide the bulk of the semen, a mixture of secretions, sperm and mucous**
- **Fructose and prostaglandins from seminal vessicles**
- **Alkalinity and clotting enzymes from prostate**
- **Lubricant for intercourse from bulbourethral glands**

Epididymus, vas deferens, urethra: ejaculation

- **Route of exit of sperm**
- **Ductus deferns stores sperm**
- **During emmission phase of ejaculation sperm are emptied into urethra by *sympathetically induced contractions***
- **Motor neuron induced contractions of skeletal muscles at base of penis expell the semen during expulsion phase of ejaculation**
- **Ejaculation is a part of orgasm**


Sympathetic trunk
L1–2
Through hypogastric plexuses
Vas deferens
Seminal vesicle
S2, 3, 4
Hypogastric plexuses
Corpora cavernosa and spongiosum
Prostate

Anatomy of the female reproductive system

- vagina
- uterus
- cervix
- clitoris
- labia
- ovaries
- oviducts

Vagina

- **Entrance to uterus**
- **Place where penis inserts to deposit sperm**
- **Muscular, expansible tube**

Uterus

- **maintains fetus during pregnancy**
- **musculature contracts to expel fetus at birth**

Cervix

- lowest portion of the uterus
- projects into vagina
- cervical canal serves as pathway for sperm during sexual intercourse
- Passage-way for delivery of baby from uterus

Clitoris

- erectile tissue analogous to penis in male
- sensitive and erotic
- at fold of labia minora

Oviducts

- link ovaries to uterus
- fallopian or uterine tubes
- pick up ova at ovulation
- site for fertilization

- درمان اختلالات عملکرد جنسی – دکتر آذر – دکتر نوحی
- اختلالات جنسی – دکتر جهانفر – میترا مولایی نژاد
- بیماریهای زنان نواک

Sexual intercourse

- Coitus or copulation
- At some point penis is inserted into vagina
- Sexual response cycle

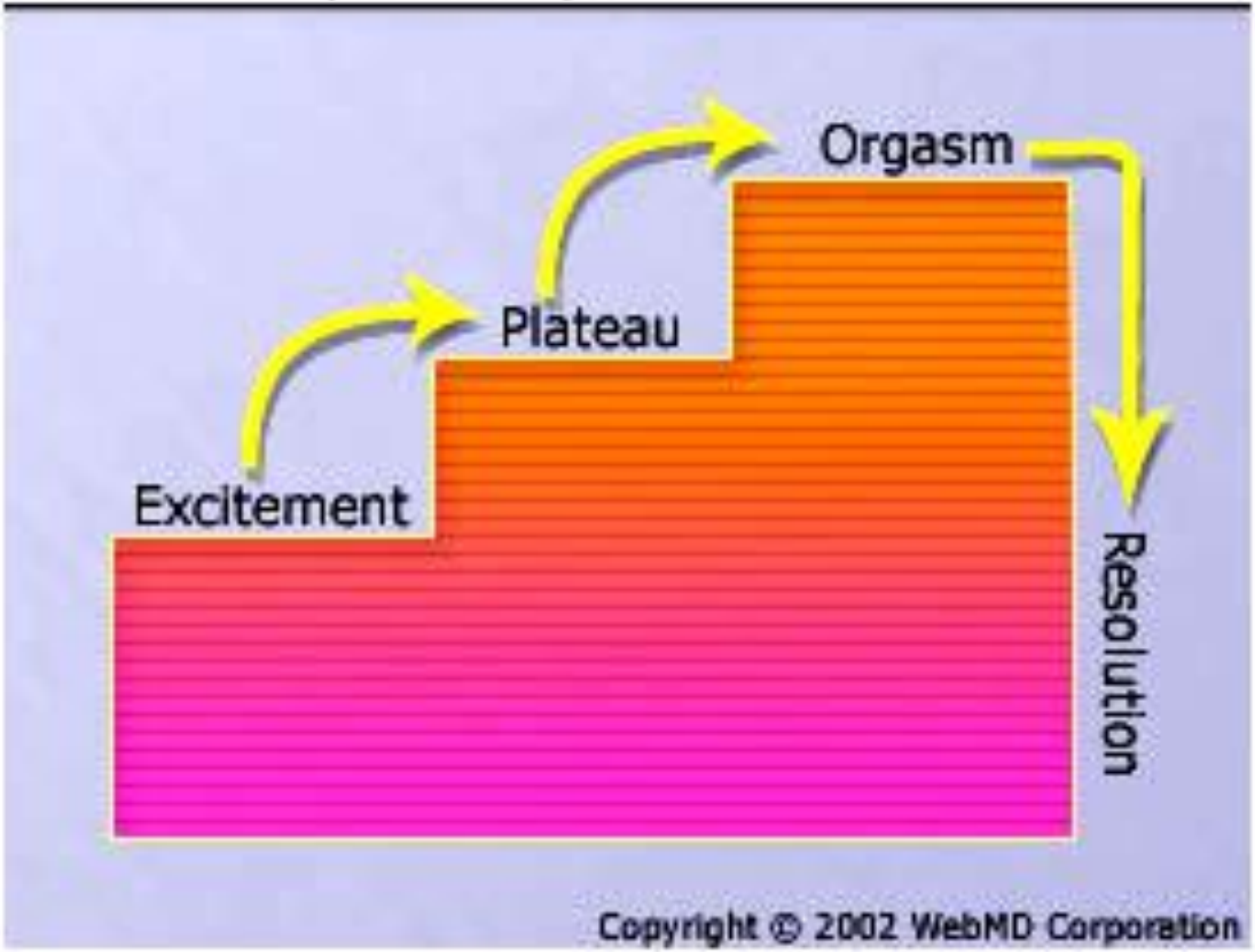
Phases of sexual cycle

THE MALE RESPONSE

Masters and Johnson have relabeled these phases as:

- Excitement
- Plateau
- Orgasm
- Resolution

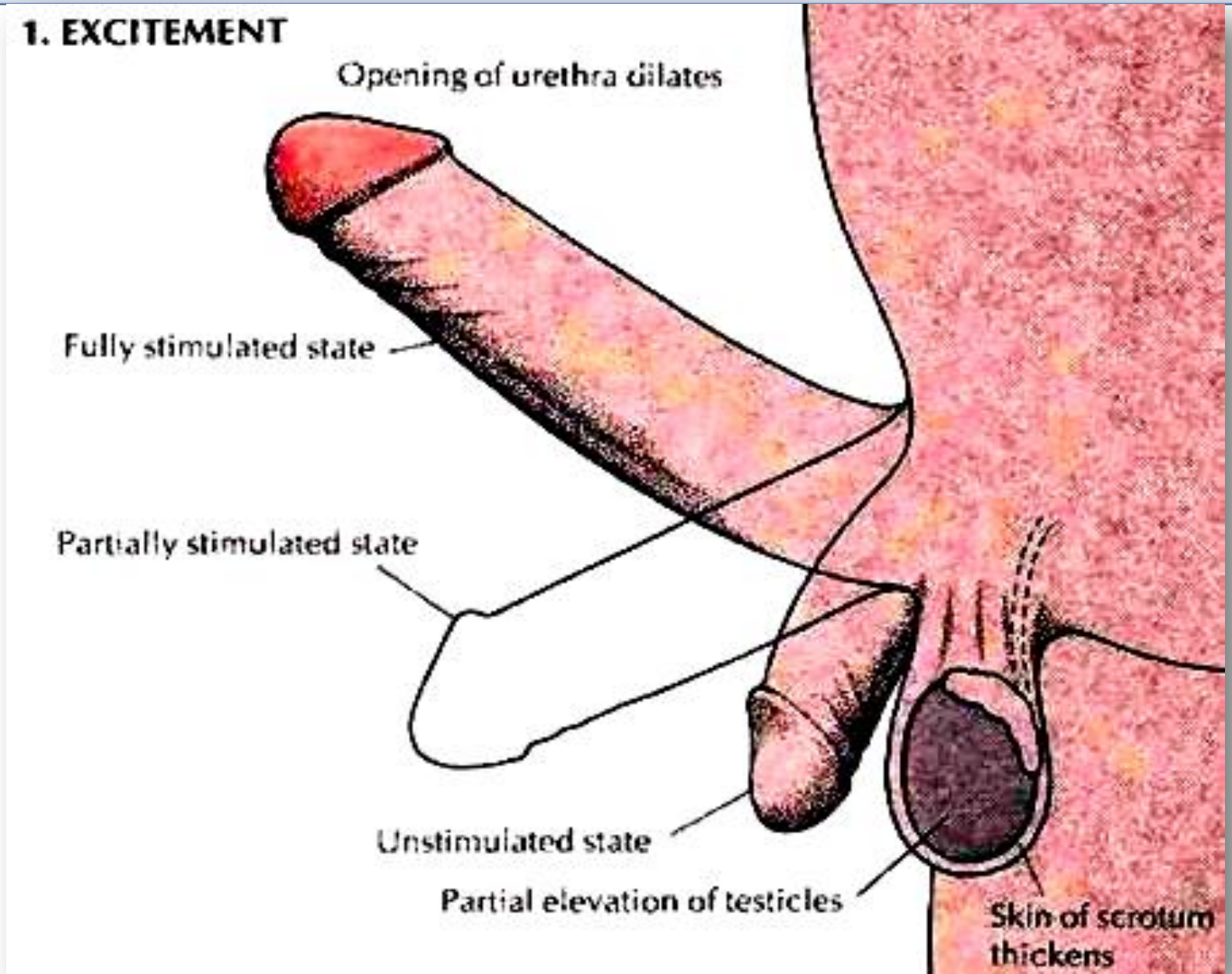
Sexual Response Cycle



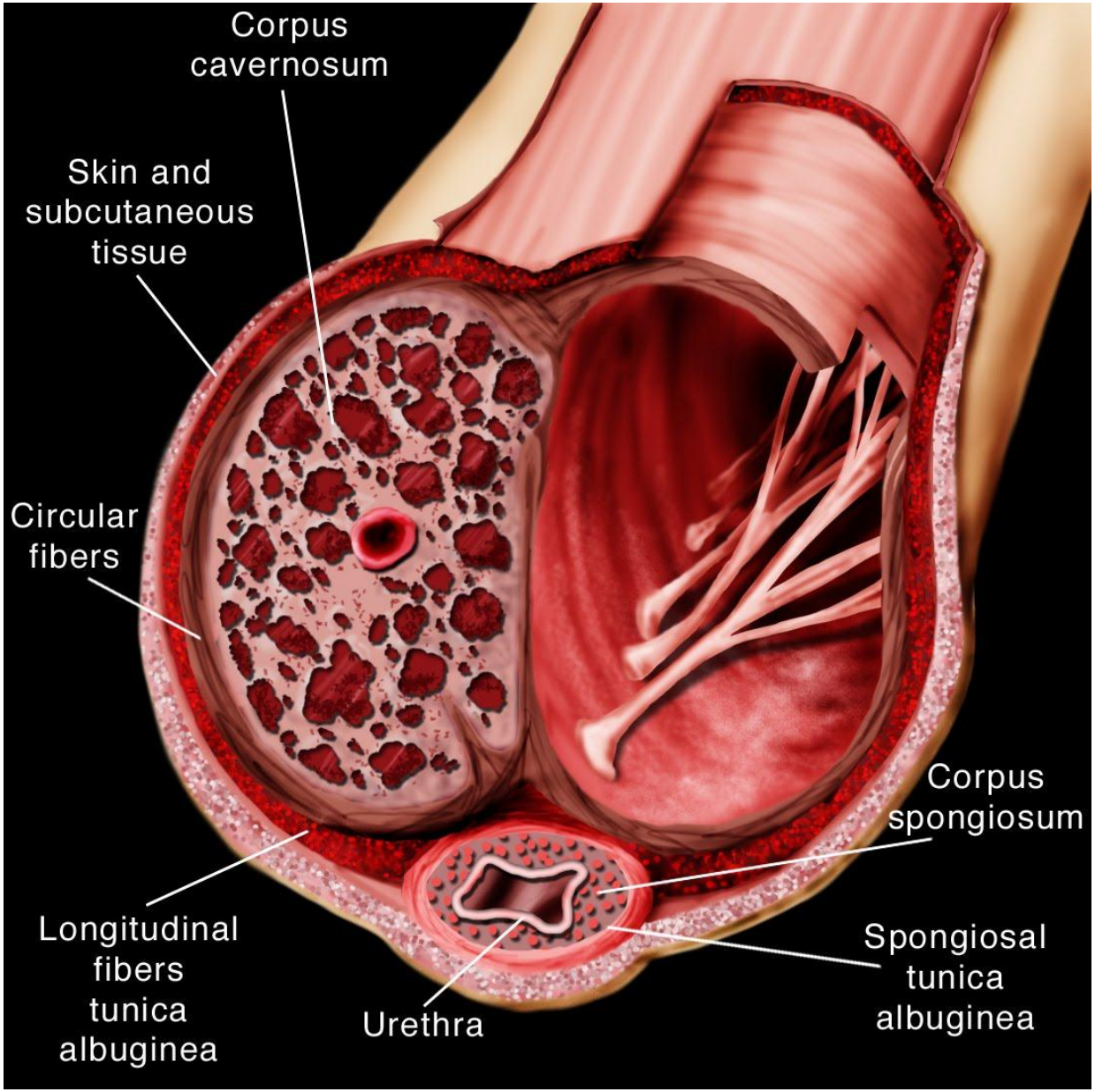
Excitement

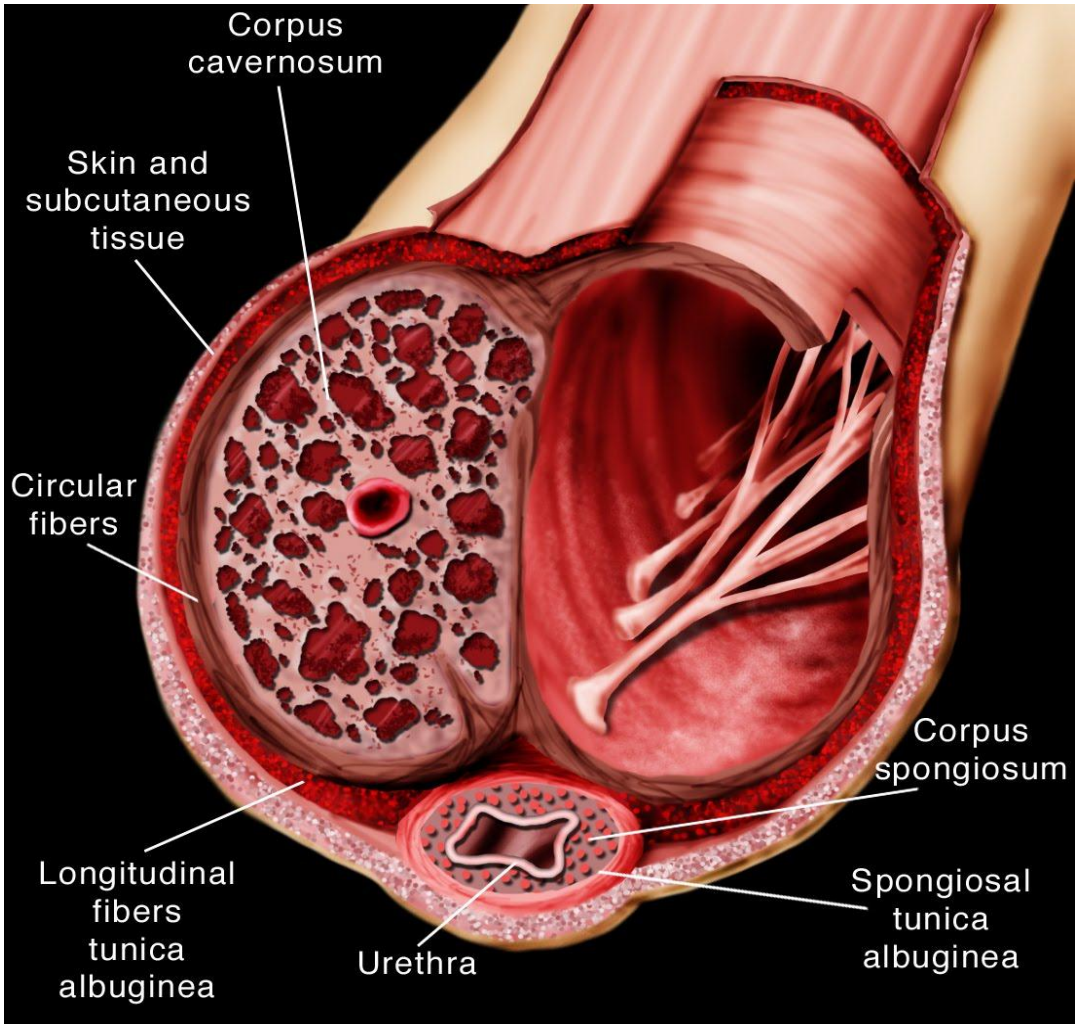
- can be initiated physically (tactile stimuli)and/or psychologically
- clitoris, surrounding perineal area and penis are primary areas for this
- other sensitive areas may contribute if stimulated, breasts, testicles, etc.
- erection of penis and clitoris result (clitoris is a homologue of the penis)
- lubrication from vaginal capillaries, glands at opening of vagina and penis prepare for intercourse

1. EXCITEMENT



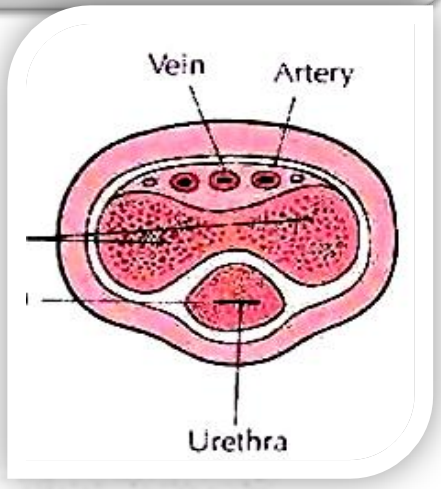
How does the penis become erect?

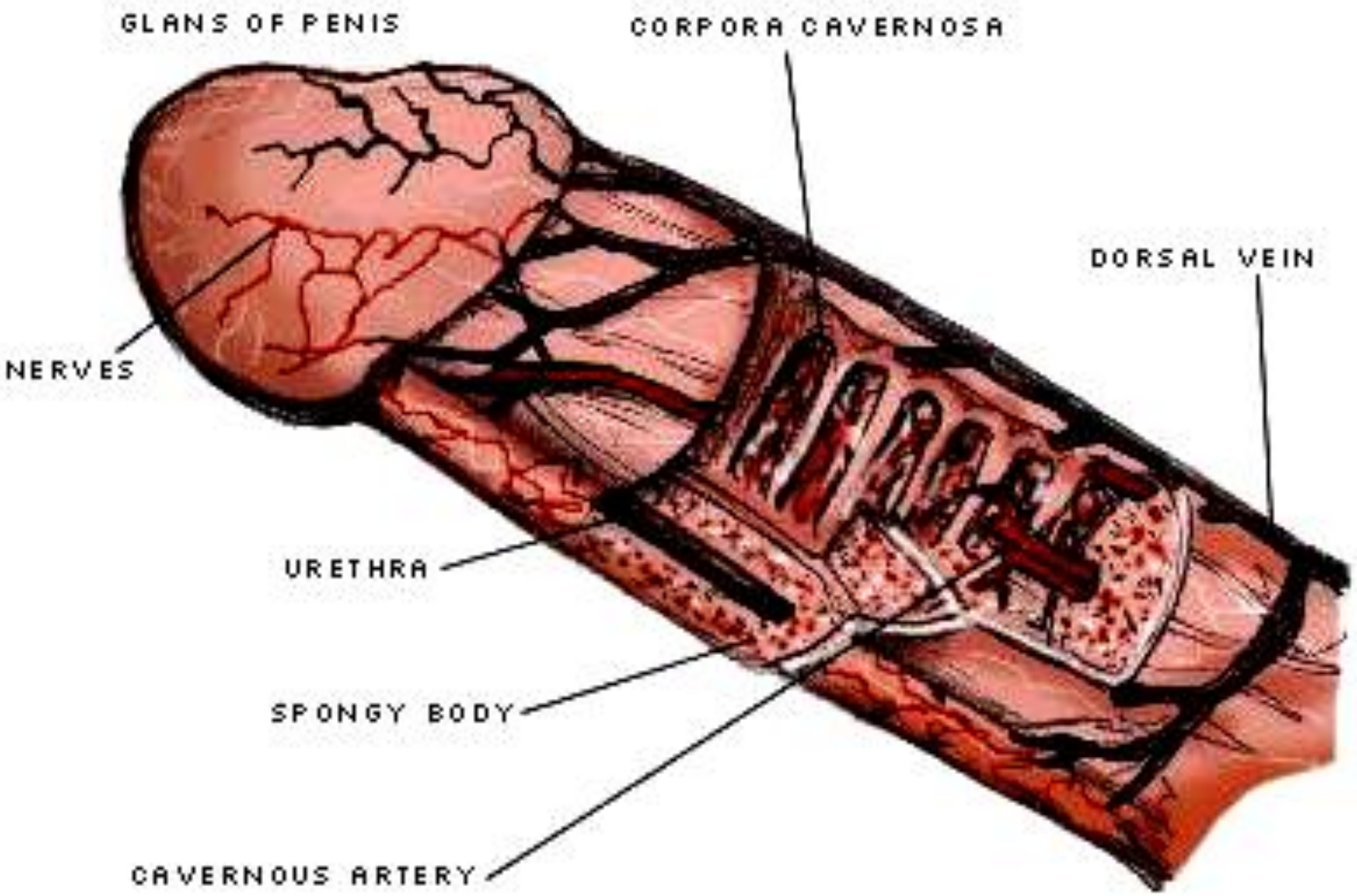


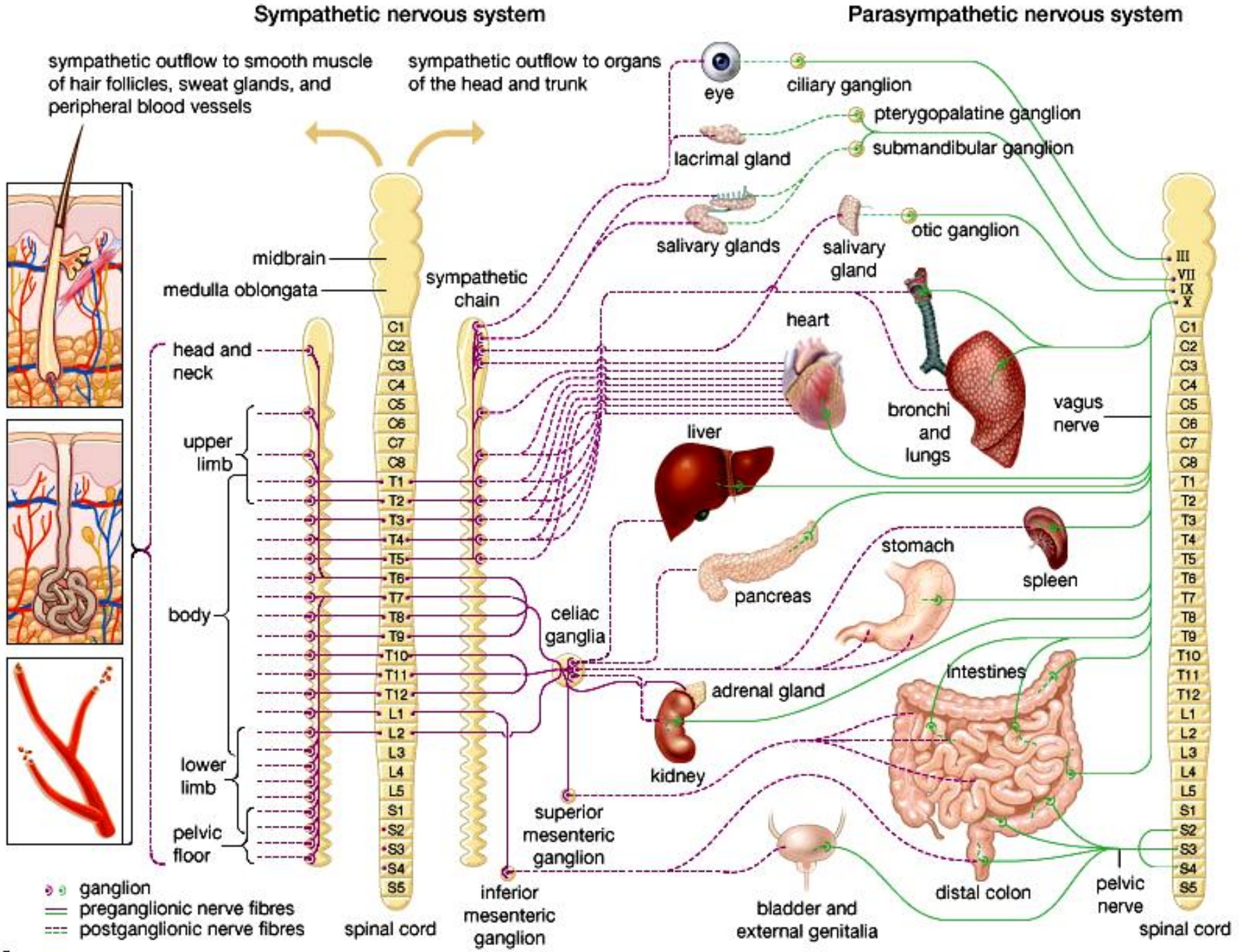


The human penis is composed of three cylinders of spongy tissue. There are two *corpora cavernosa* which are located on the top side of the penis. The third cylinder is called the *corpus spongiosum*. The corpus spongiosum connects with the head (glans) of the penis, and the urethra (water channel) runs through the corpus spongiosum.

During sexual excitement the arteries dilate to rush flow of blood into the penis to create an erection. The **veins** are believed to contain valves to slow down the exit of blood from the penis




GLANS OF PENIS
CORPORA CAVERNOSA
DORSAL VEIN
NERVES
URETHRA
SPONGY BODY
CAVERNOUS ARTERY



1.Excitement

Some general observations

Sexual excitement may mount rather unexpectedly and quickly, particularly in younger men, but it may also build up gradually over a longer period of time. In fact, some individuals deliberately distract themselves repeatedly, in order to prolong and savor their experience of becoming aroused.

1. EXCITEMENT

The Penis

Mounting sexual excitement produces an obvious change in the penis.

Tumescence: ادم

The three spongy bodies inside the penis (the two corpora cavernosa and the corpus spongiosum) become tumescent, i.e. they are filled with blood and thus cause the penis to rise and stiffen. Therefore, the most obvious sign of sexual excitement in the male is the erection of his penis.

1. EXCITEMENT

The Scrotum

At the same time, the smooth muscles of the scrotum contract, its tissue thickens, and the testicles are pulled upward toward the abdomen by the contracting spermatic cords.

Muscular Tension, Pulse Rate and Blood Pressure

As sexual excitement increases, there is a corresponding increase in muscular tension. At the same time, the pulse rate and blood pressure rise.

1. EXCITEMENT

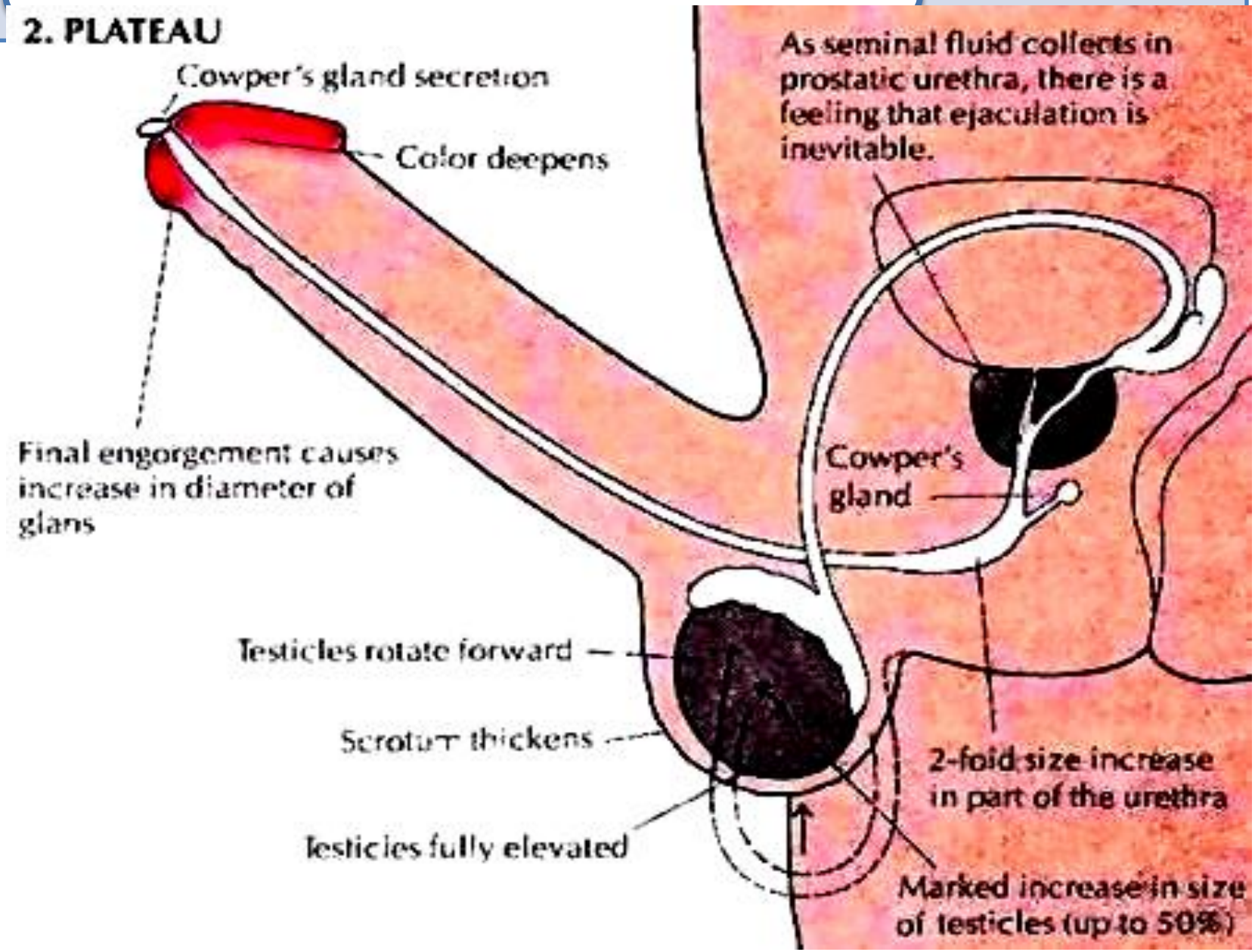
The sex flush

A number of men also experience what is known as a sex flush, i.e., a red rash that usually begins in the area of the lower abdomen and then spreads to the neck and face or even to the shoulders, arms, and thighs. The sex flush may start only late in the excitement phase and is more likely to appear in the plateau phase. In many cases, however, there is no sex flush at all.

Erection of Nipples

Not all males experience an erection of their nipples. In some men, it may be brought about by a direct stimulation of the breasts. When nipple erection occurs, it usually appears toward the end of the excitement phase or during the plateau phase and then lasts through the other phases.

2. PLATEAU


2. PLATEAU
Cowper's gland secretion
Color deepens
As seminal fluid collects in prostatic urethra, there is a feeling that ejaculation is inevitable.
Final engorgement causes increase in diameter of glans
Cowper's gland
Testicles rotate forward
Scrotum thickens
2-fold size increase in part of the urethra
Testicles fully elevated
Marked increase in size of testicles (up to 50%)

2. Plateau

Some general observations

The plateau phase is actually nothing more than the continuation of the excitement phase.

The word "plateau" is meant to indicate that a certain even level of excitement has been reached which is then maintained for a while before orgasm occurs.

2. Plateau

Penis and Testicles

During the plateau phase, the now erect penis does not undergo any new major changes. However, the testicles swell noticeably and are pulled close to the abdomen.

The Bulbo-urethral (Cowper's) Glands

The bulbo-urethral (Cowper's) glands secrete a few drops of a clear liquid which may appear at the tip of the penis. (Such a drop may contain some stray sperm cells. This fact should be remembered by couples who want to avoid pregnancy.)

2. PLATEAU

Sex Flush

The sex flush may now appear for the first time or, if it had been visible before, grow more obvious. Not all men show a sex flush, and that some show it only occasionally.

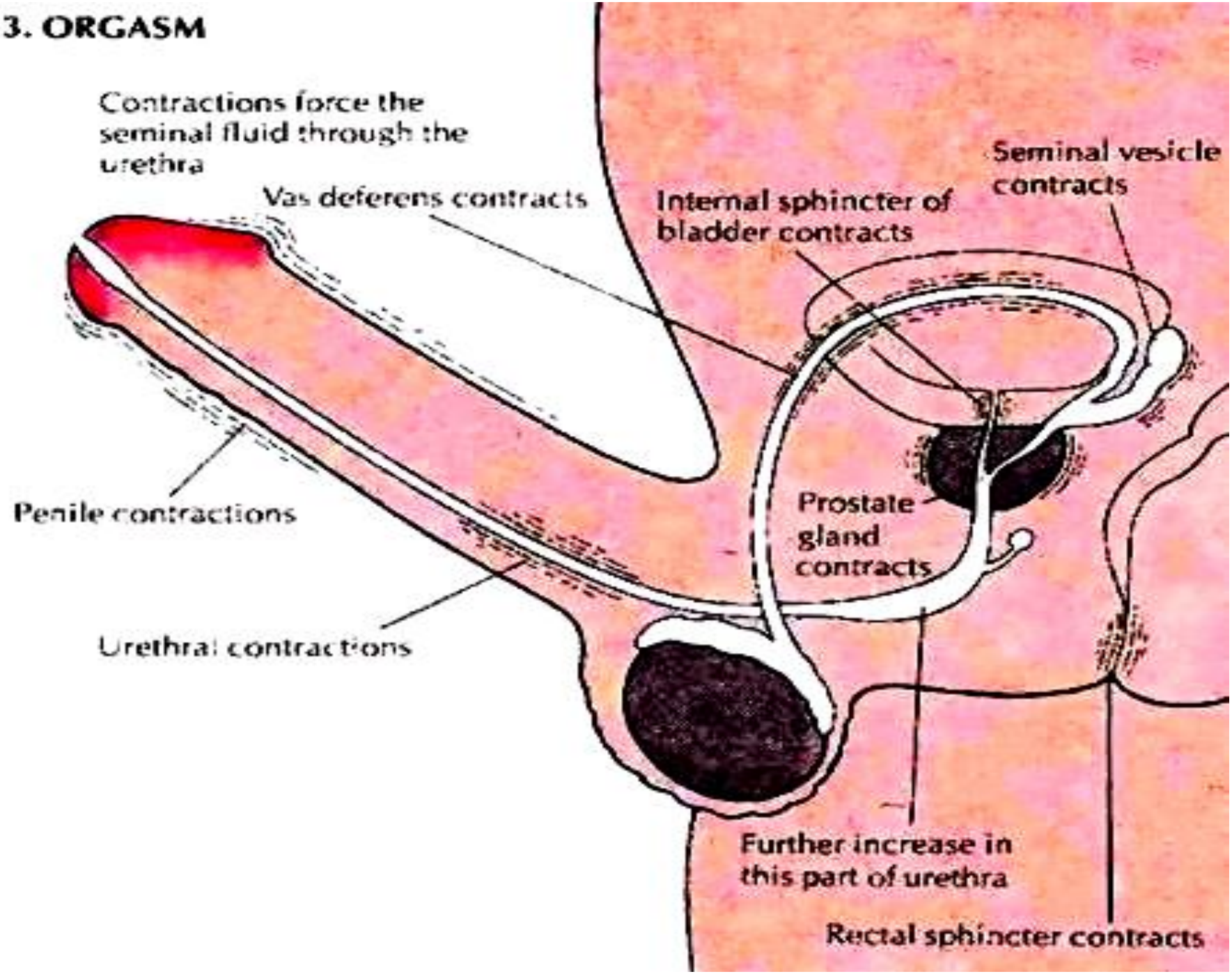
Muscular Tension, Pulse Rate and Blood Pressure

With increasing sexual stimulation, the entire body experiences an increase in muscular tension, both voluntary and involuntary. At the same time, the pulse rate and blood pressure continue to rise, and breathing becomes faster.

Erection of Nipples

The same is true for the erection of the nipples. However, if the nipples should become erect during the plateau phase, they will remain so through the other phases

3. ORGASM


Contractions force the seminal fluid through the urethra
Vas deferens contracts
Internal sphincter of bladder contracts
Seminal vesicle contracts
Penile contractions
Prostate gland contracts
Urethral contractions
Further increase in this part of urethra
Rectal sphincter contracts

3. Orgasm

Some general observations

Orgasm (lustful excitement) is the sudden release of muscular and nervous tension at the climax of sexual excitement.

The experience represents the most intense physical pleasure of which human beings are capable and is basically the same for males and females.

An orgasm lasts only a few seconds and is felt very much like a short seizure or rather a quick succession of convulsions which involve the whole body and soon lead to complete relaxation.

3. Orgasm

In males, orgasm begins with **involuntary rhythmic contractions** of the genital ducts and accessory organs (*vasa deferentia*, seminal vesicles, prostate gland), the urethra, the muscles at the base of the penis and finally the penis itself.

The first three or four forceful contractions recur within less than a second, then, as they become weaker, at longer intervals.

3. Orgasm

In sexually mature males, orgasm is usually accompanied by the ejaculation (throwing out) of semen: As a result of the orgasmic muscular contractions,

the accumulated semen is forced through the urethra to the outside where it emerges in several quick spurts.

At times, it may be projected a considerable distance;

At other times, it may flow out rather gently.

The force of a particular ejaculation is not related to a man's strength or virility.

How much semen is ejaculated?

The amount of semen ejaculated during one orgasm is usually about a **teaspoonful**. Repeated ejaculations within a short time produce less and less semen.

How does ejaculation (coming) occur?

Ejaculation **(expulsion of semen from the penis) and *orgasm* (an intense sensation of pleasure with sexual climax) typically occur together in men but represent distinct physiological events.**

Ejaculation is a complex process that involves tight coordination of the nervous, muscular, and urogenital systems. Ejaculation itself is divided into two distinct phases, *emission* and *ejection*. Both of these processes occur within a matter of seconds.

Orgasm without Ejaculation

Orgasm and ejaculation are two different processes.

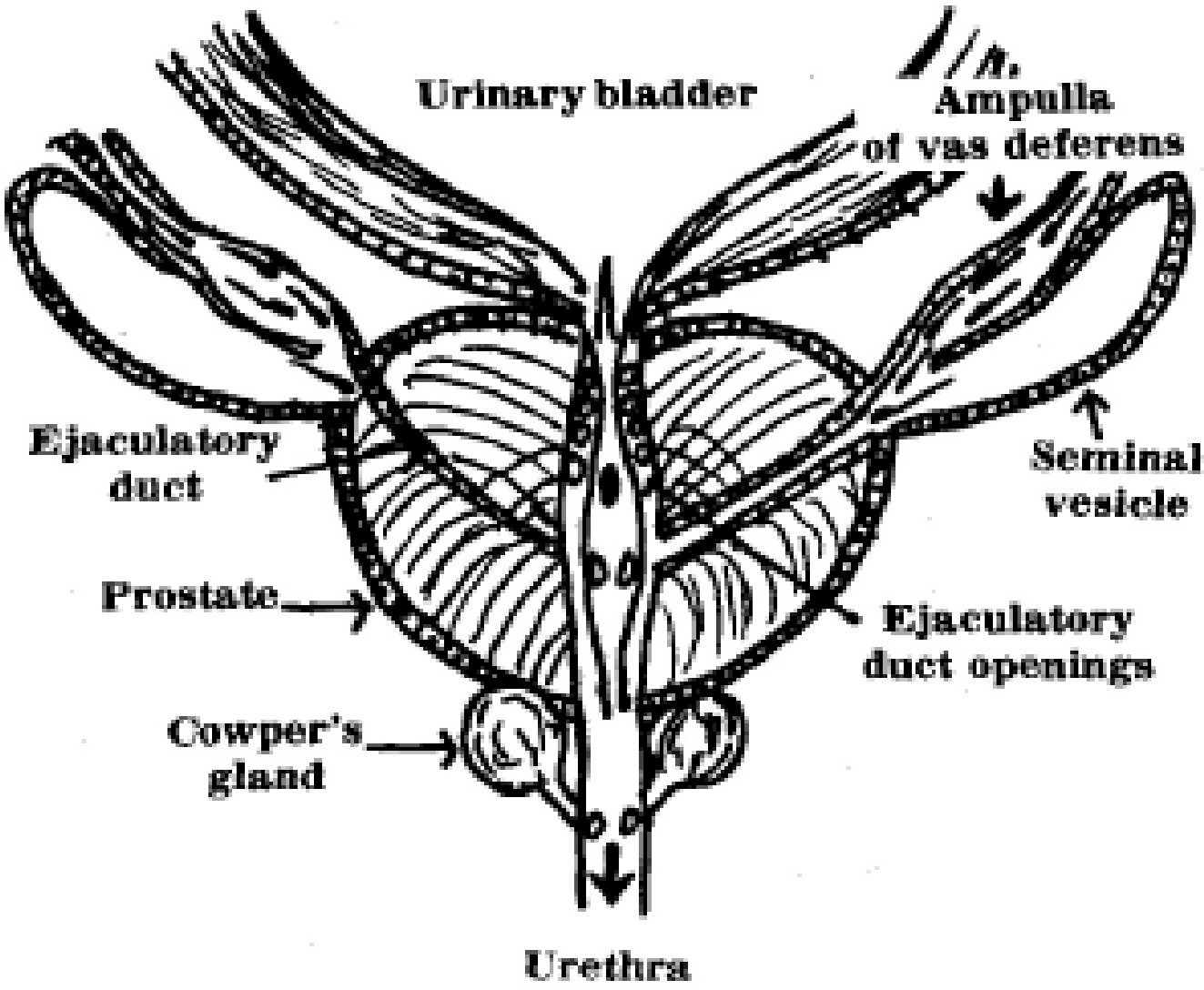
While it is true that, in men, there can be no ejaculation without orgasm, there can very well be orgasm without ejaculation.

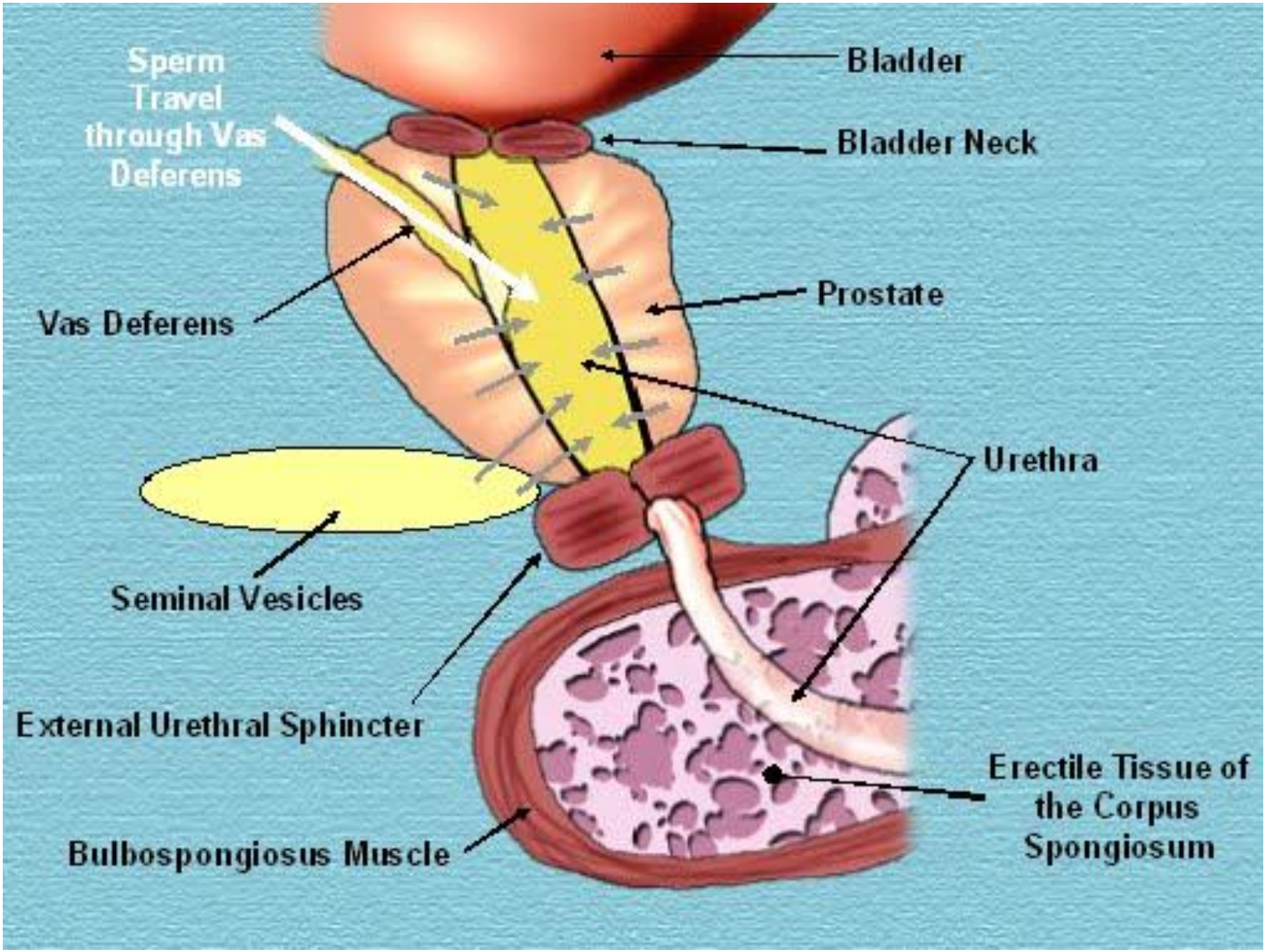
What occurs during the emission phase?

*The muscular bladder neck and external urethral sphincter tighten in the **innermost portion of the urethra**. *fluid from the seminal vesicles and prostate is deposited in this portion of the urethra, where it mixes with ***sperm*** that travel through a tube attached to the testicle called the vas deferens.

This fluid and sperm mixture is known as **semen**.

Crossroads of ejaculation

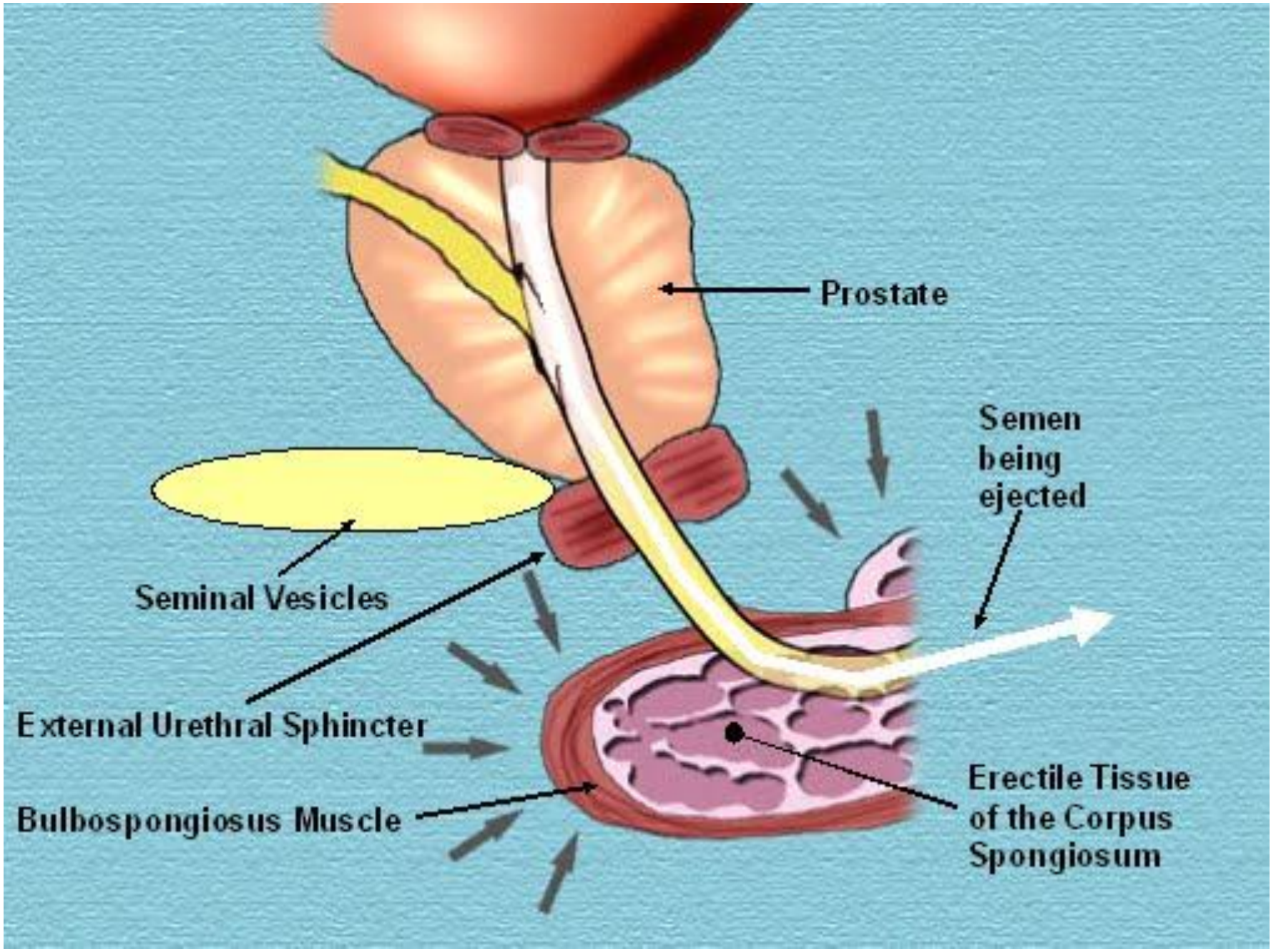



Sperm Travel through Vas Deferens
Bladder
Bladder Neck
Vas Deferens
Prostate
Urethra
Seminal Vesicles
External Urethral Sphincter
Erectile Tissue of the Corpus Spongiosum
Bulbospongiosus Muscle

What occurs during the ejection phase?

During ejection the external urethral sphincter opens up, permitting semen to pass into the portion of the urethra beyond the prostate.

Strong contractions of the bulbospongiosus muscle then force the semen out of the urethral meatus (the hole at the tip of the penis).


Prostate
Semen being ejected
Seminal Vesicles
External Urethral Sphincter
Bulbospongiosus Muscle
Erectile Tissue of the Corpus Spongiosum

3. ORGASM

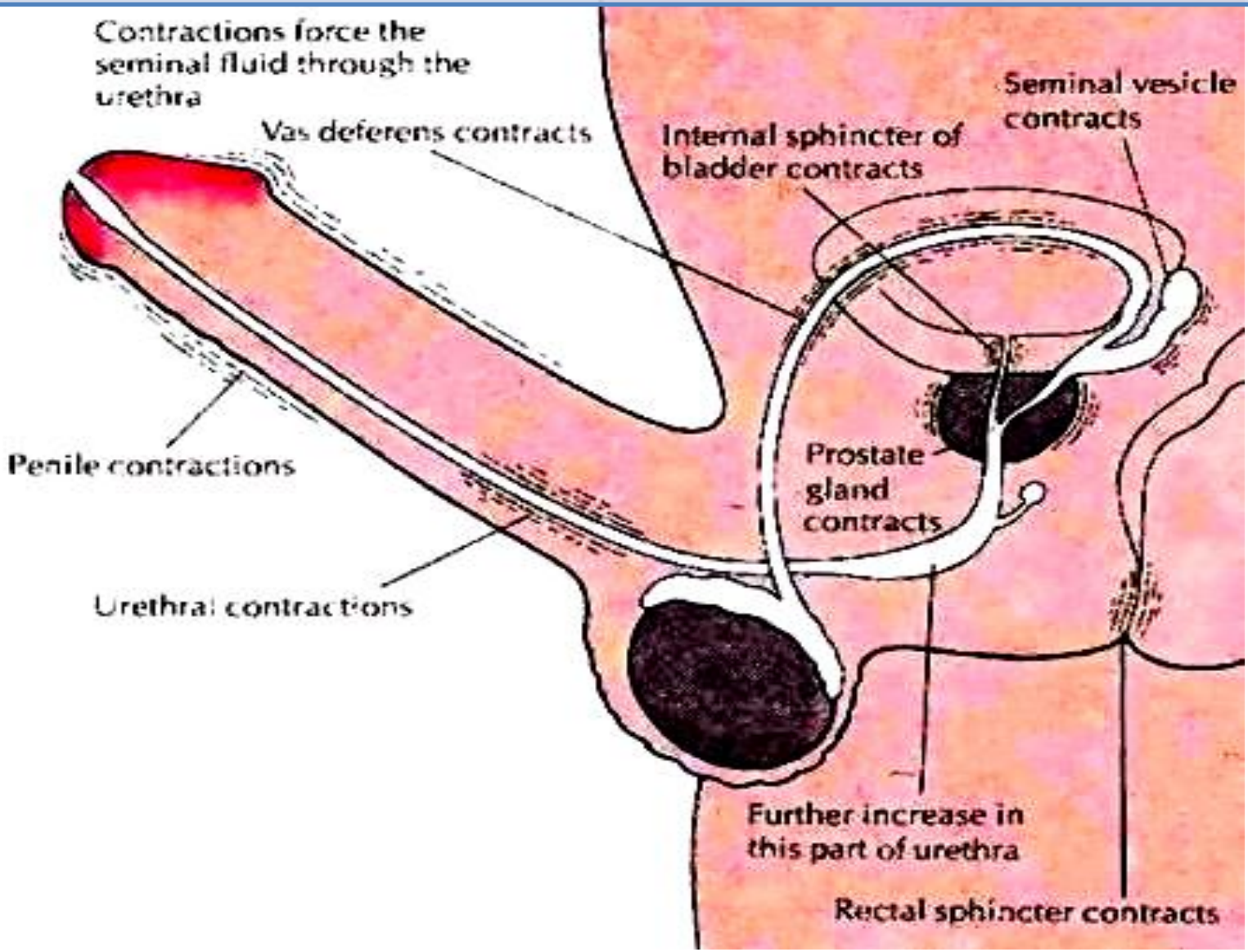
Anal Sphincter

During orgasm, the anal sphincter muscles contract at the same intervals as the sex organs.

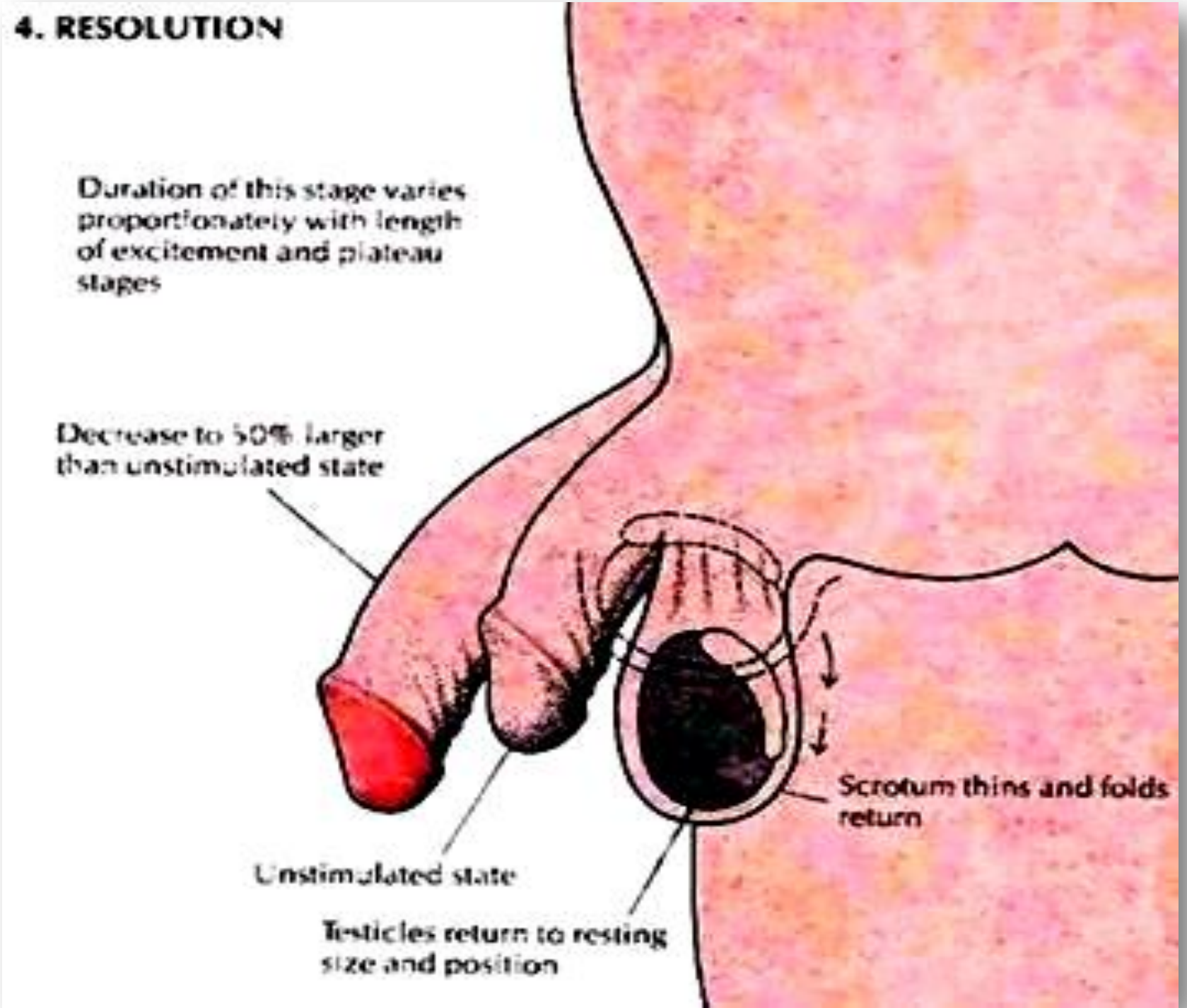
Muscular Tension, Pulse Rate and Blood Pressure

It is important to remember that the whole body is involved. There is great muscular tension throughout the body, breathing becomes very fast, and the pulse rate and blood pressure rise even higher than during the plateau phase

3.ORGASM


Contractions force the seminal fluid through the urethra
Vas deferens contracts
Internal sphincter of bladder contracts
Seminal vesicle contracts
Penile contractions
Prostate gland contracts
Urethral contractions
Further increase in this part of urethra
Rectal sphincter contracts

4. RESOLUTION



4. Resolution

Some general observations

After orgasm the sex organs (and with them the whole body) need a relatively short time to return to their former, unexcited state. The length of this so-called resolution phase is directly proportionate to that of the excitement phase

4. RESOLUTION

The Penis

- **The most visible physiological change during this period is the loss of penile erection which proceeds in two stages:**
- **The major loss occurs immediately after orgasm.**
- **the penis still retains some firmness which may persist for some time, especially if the excitement and plateau phases were extended. On the other hand, nonsexual activities or distractions can complete the loss of erection rather rapidly.**

4. RESOLUTION

- **Muscular Tension, Pulse Rate and Blood Pressure**

  The muscular tension in the body subsides. Breathing, pulse rate, and blood pressure revert to normal.

4. RESOLUTION

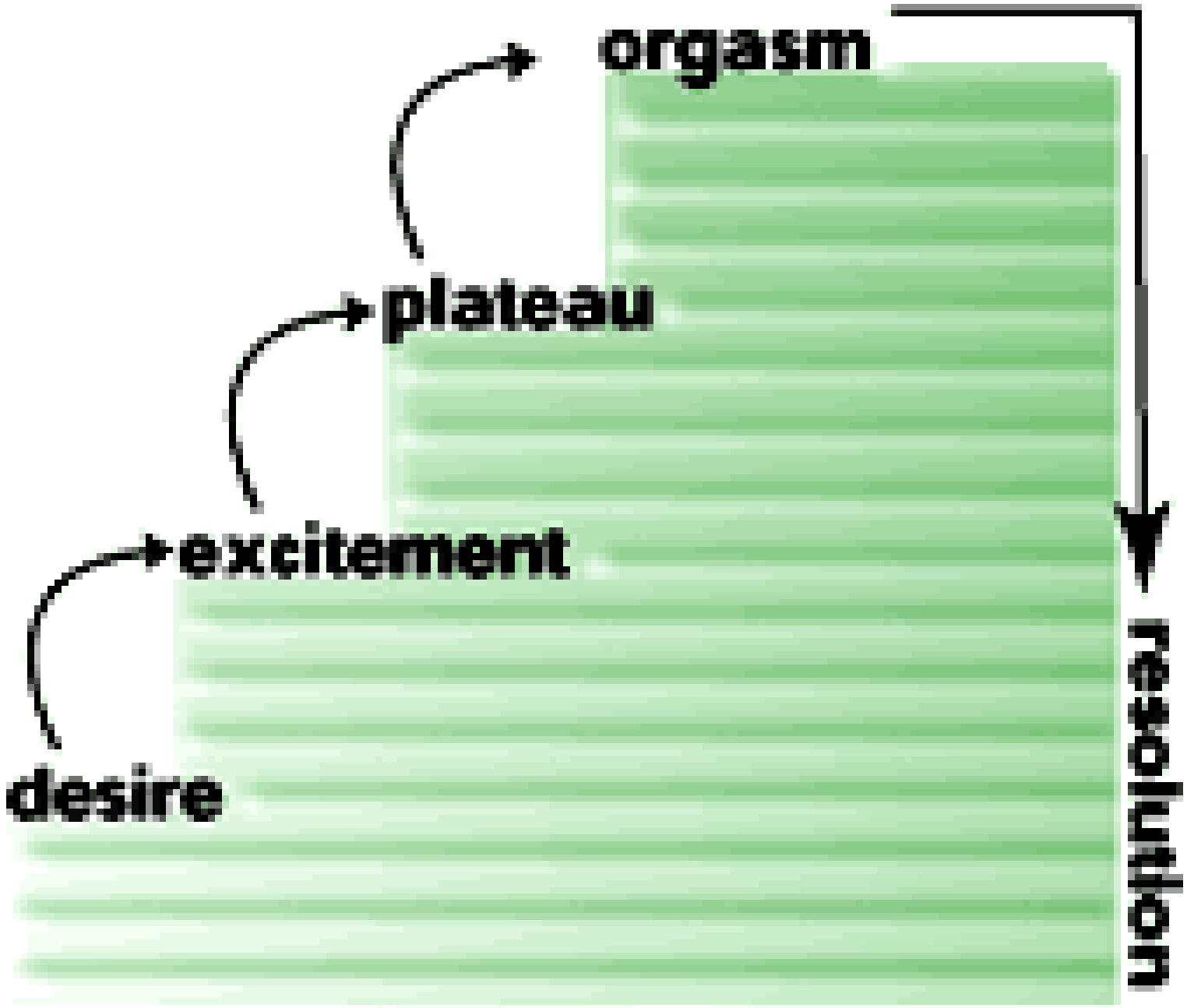
- **Sex Flush and Nipple Erection**
  The sex flush mentioned earlier disappears quickly.
- **In contrast, the erection of the nipples, remains visible for some time.**
- **Some men perspire immediately after orgasm, although even then this reaction usually remains restricted to the palms of their hands and the soles of their feet.**

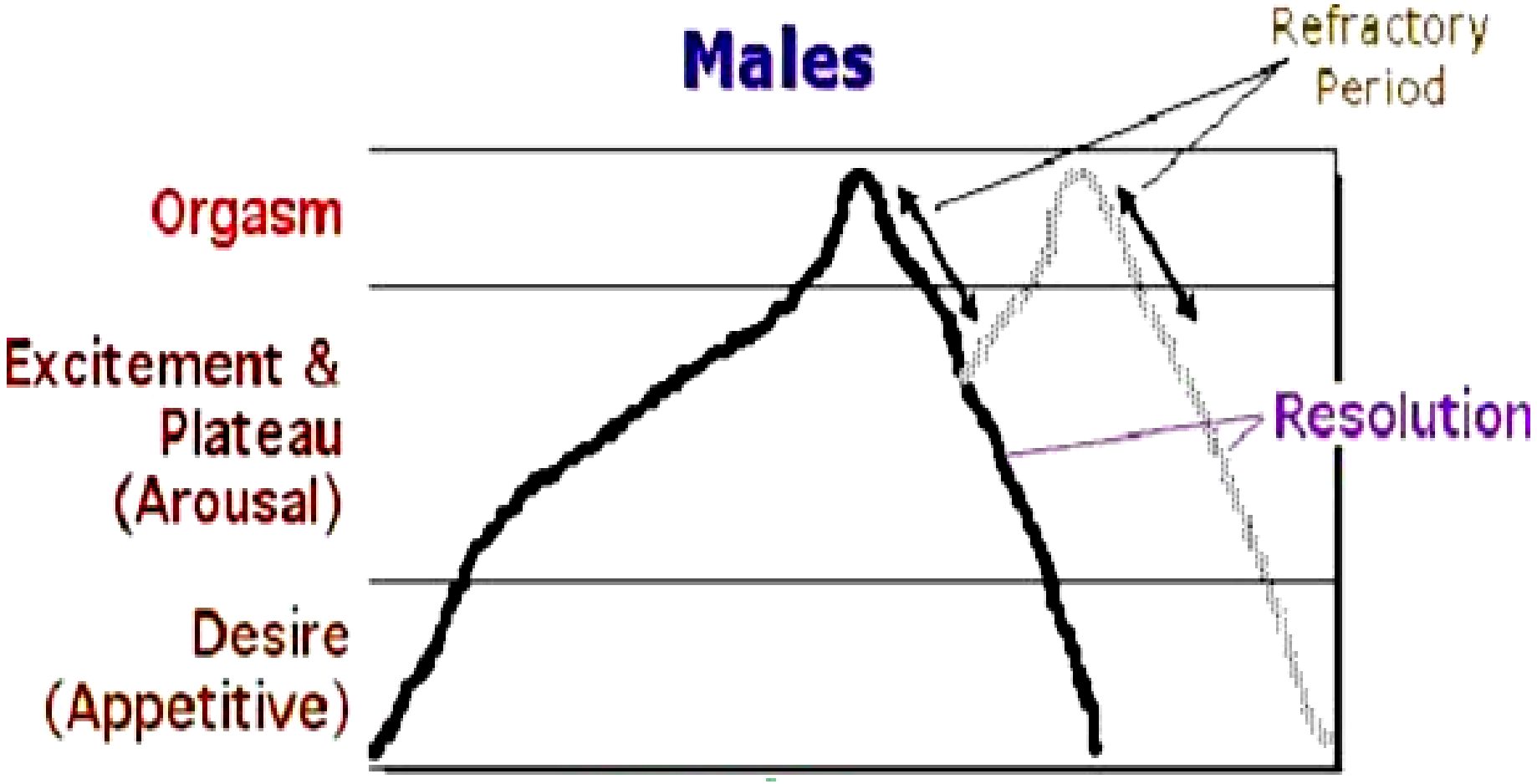
5. REFRACTORY PERIOD

After orgasm, there is a period in which males do not respond to new sexual stimulation, This so-called refractory period may be rather short in young males, but usually becomes longer with advancing age

5. REFRACTORY PERIOD

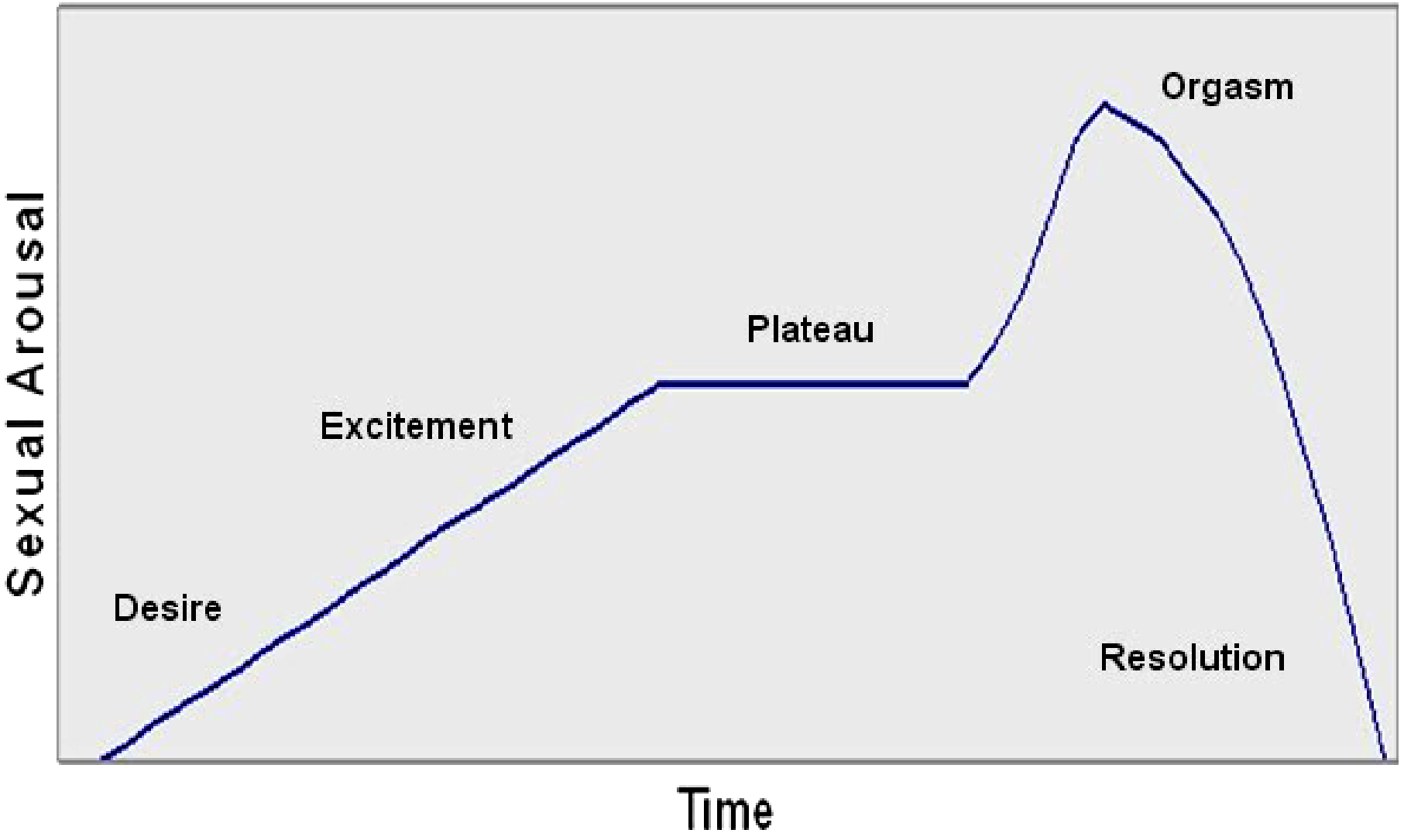
Immediately following orgasm males experience a so-called refractory period. During this period, which extends well into the resolution phase, the individual **cannot respond to any additional or new sexual stimulation**, i.e., he is incapable of having another erection and another orgasm. The refractory period may be very short in some individuals, especially while they are young, but it usually becomes longer with advancing age. There may also be such a refractory period in females, although many women can experience several orgasms in rapid succession


orgasm
plateau
excitement
desire
resolution


Males
Refractory Period
Orgasm
Excitement & Plateau (Arousal)
Desire (Appetitive)
Resolution

THE PERFORMANCE MODEL
OF SEXUAL RESPONSE

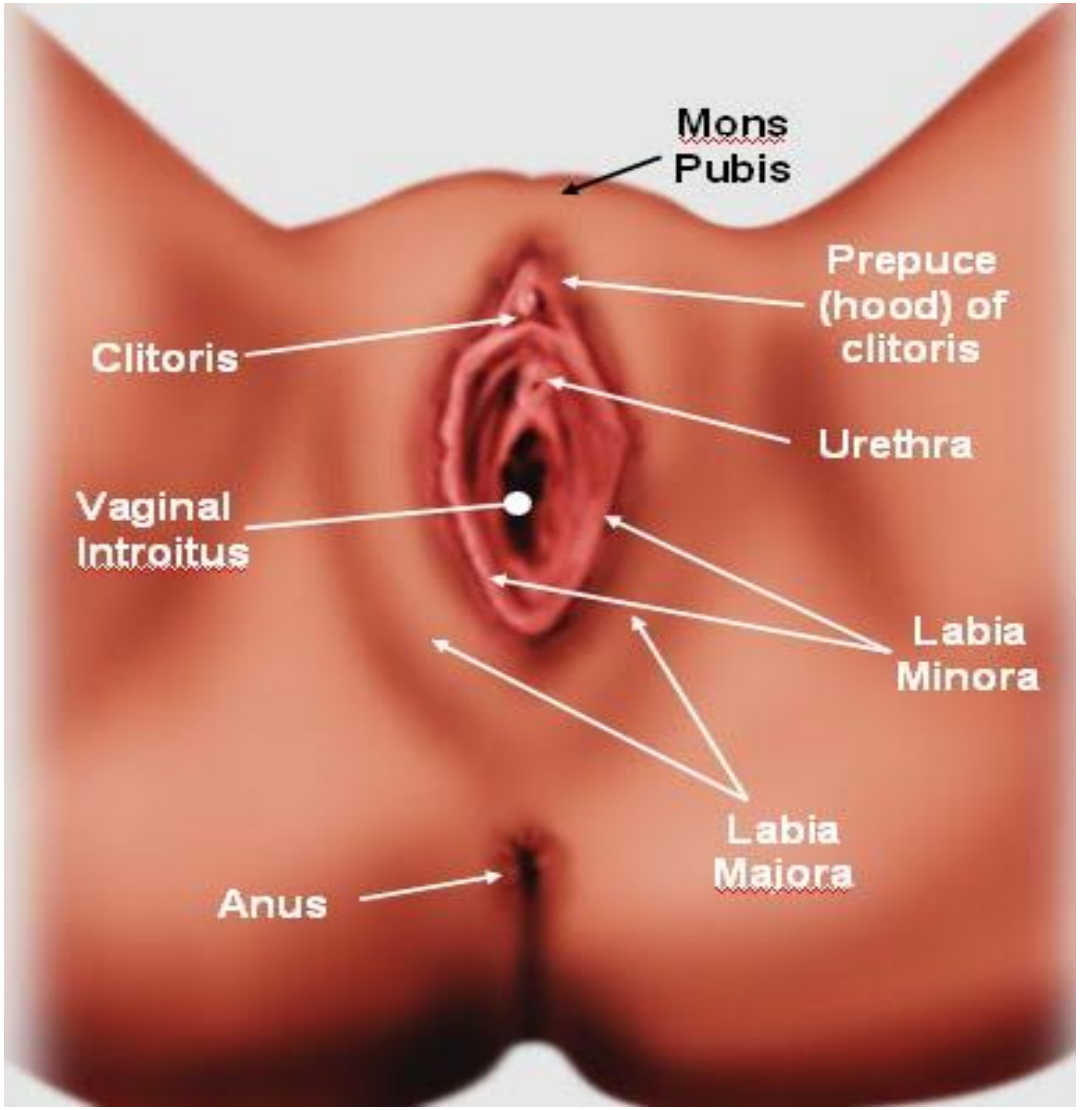
Sexual Response Cycle



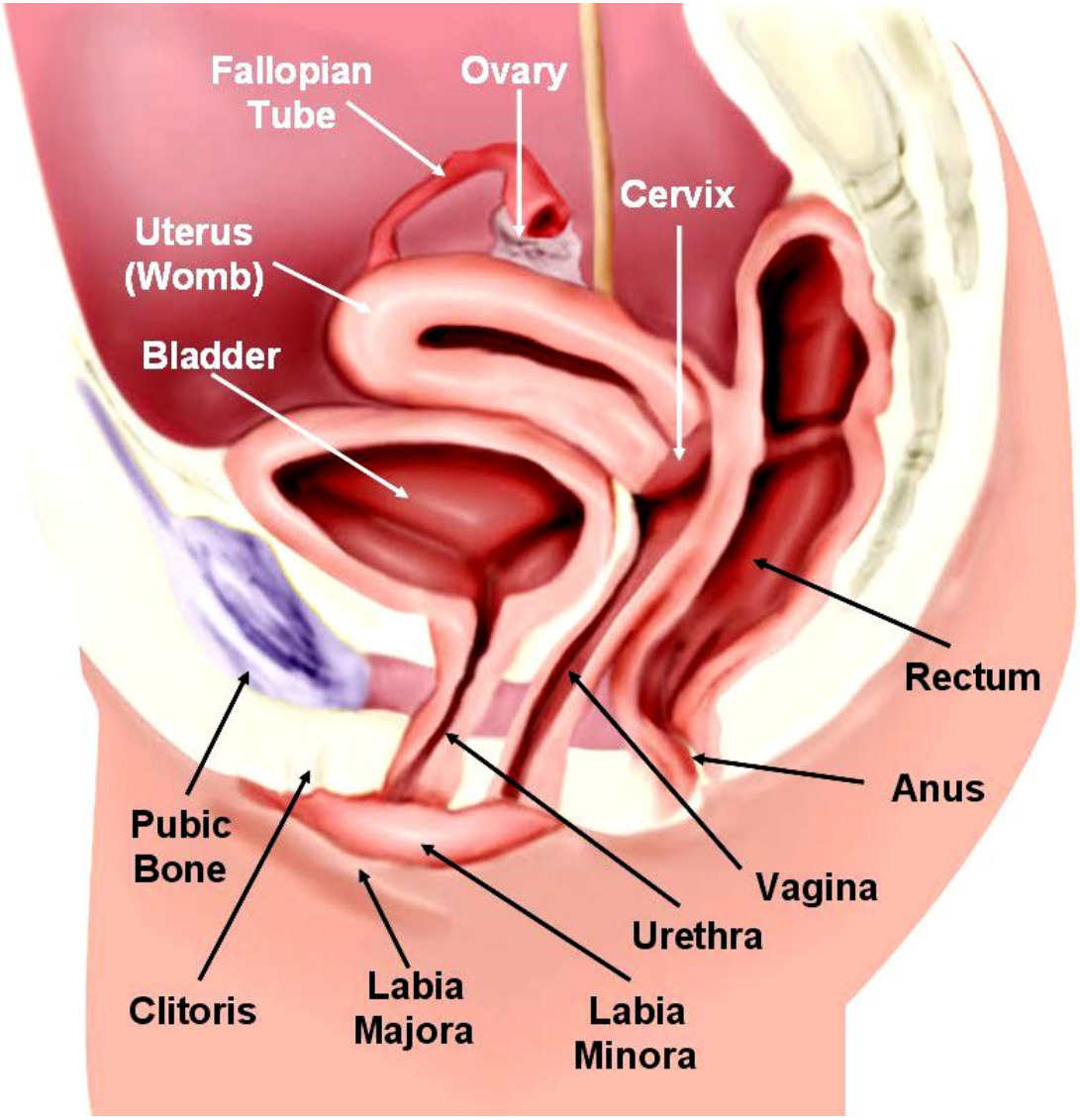
sexual response cycle in women

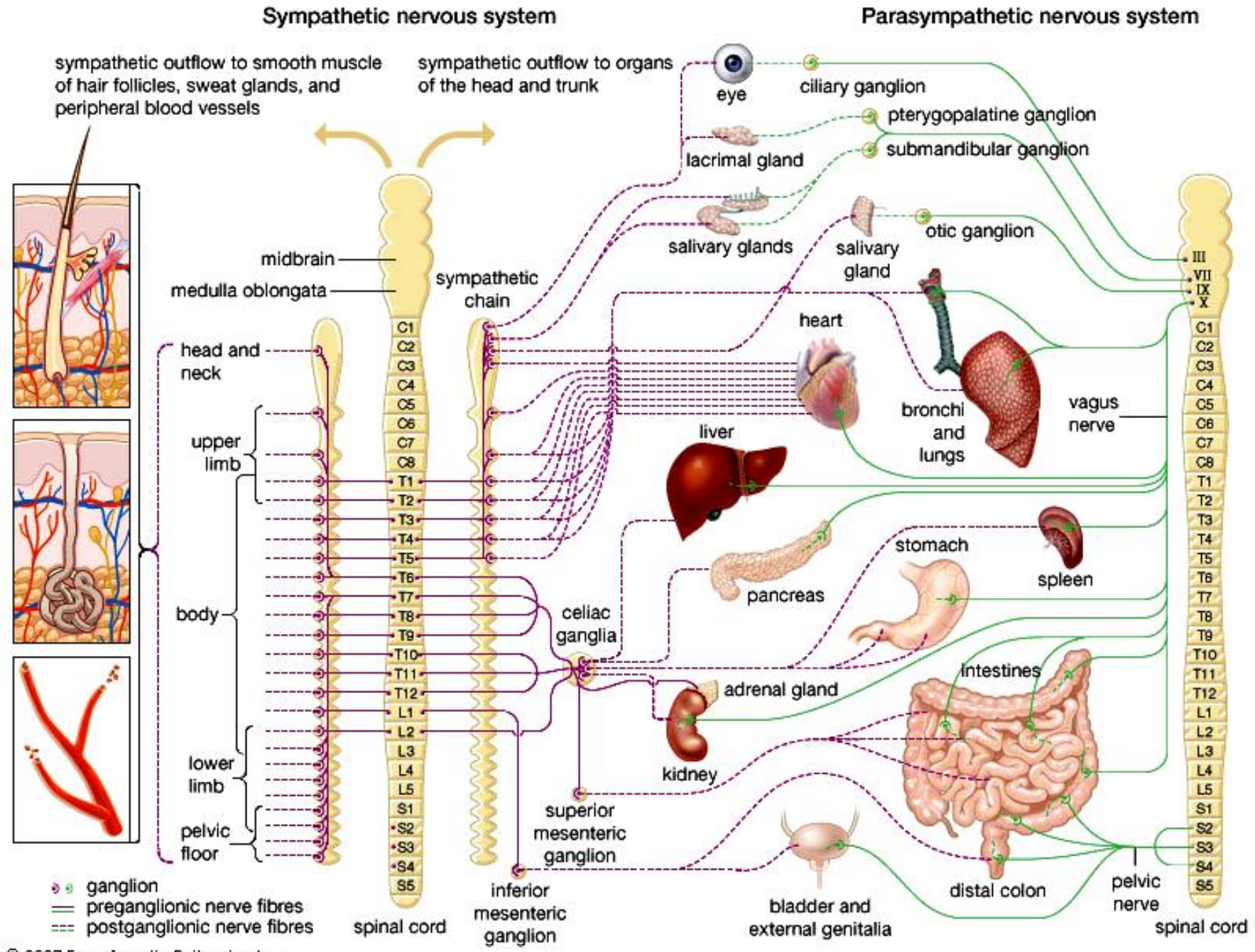
- sexual response cycle in women
- sexual response cycle in women

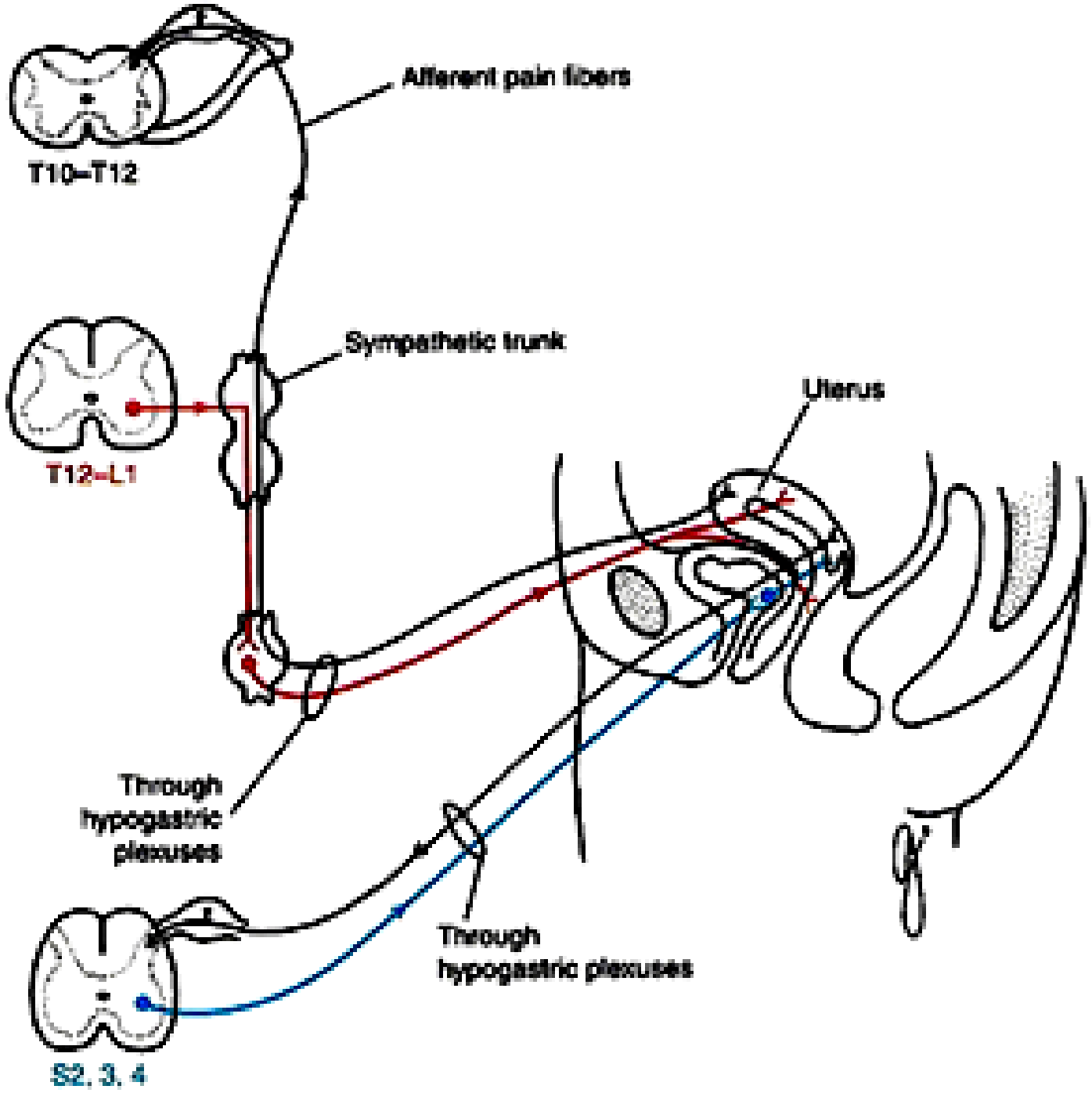
What physical changes occur during the sexual response cycle in women?



Cross section of the female pelvis showing internal and external organs of the genitalia and neighboring organs






Afferent pain fibers
T10–T12
Sympathetic trunk
Uterus
T12–L1
Through
hypogastric
plexuses
Through
hypogastric plexuses
S2, 3, 4

THE FEMALE RESPONSE

In modern times, the sexual response cycle was first analyzed and described by **Albert Moll**, who also proposed its division into four major phases:

1. the onset of voluptuousness, 2. the equable voluptuous sensation, 3. the voluptuous acme, and 4. the sudden decline (A. Moll, The Sexual Life of the Child, 1909).

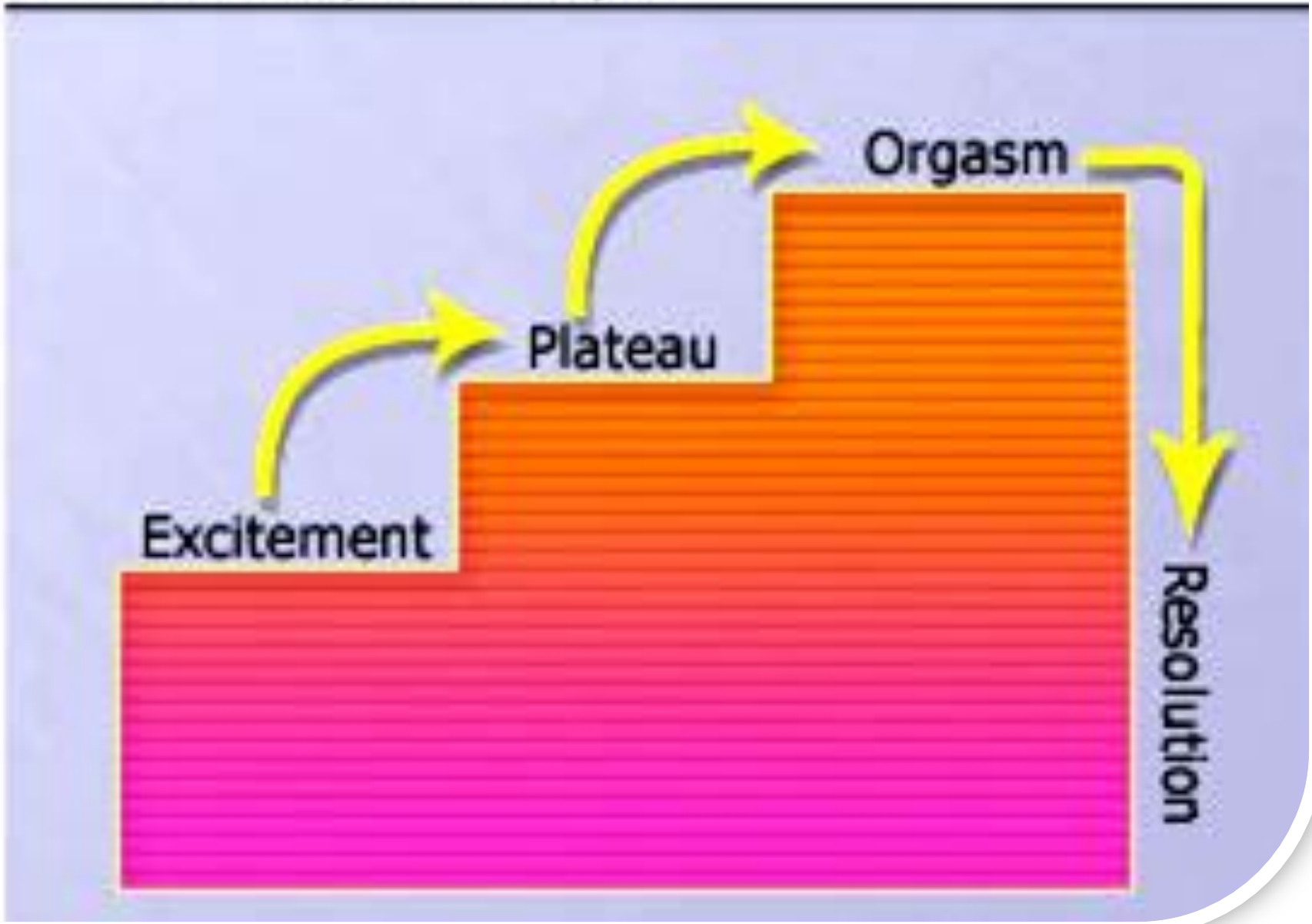
Wilhelm Reich, in a later book, offered a different description:

1. mechanical tension, 2. bio-electric charge, 3. bio-electric discharge, and 4. mechanical relaxation. (W. Reich, The Function of the Orgasm [1927] 1942).

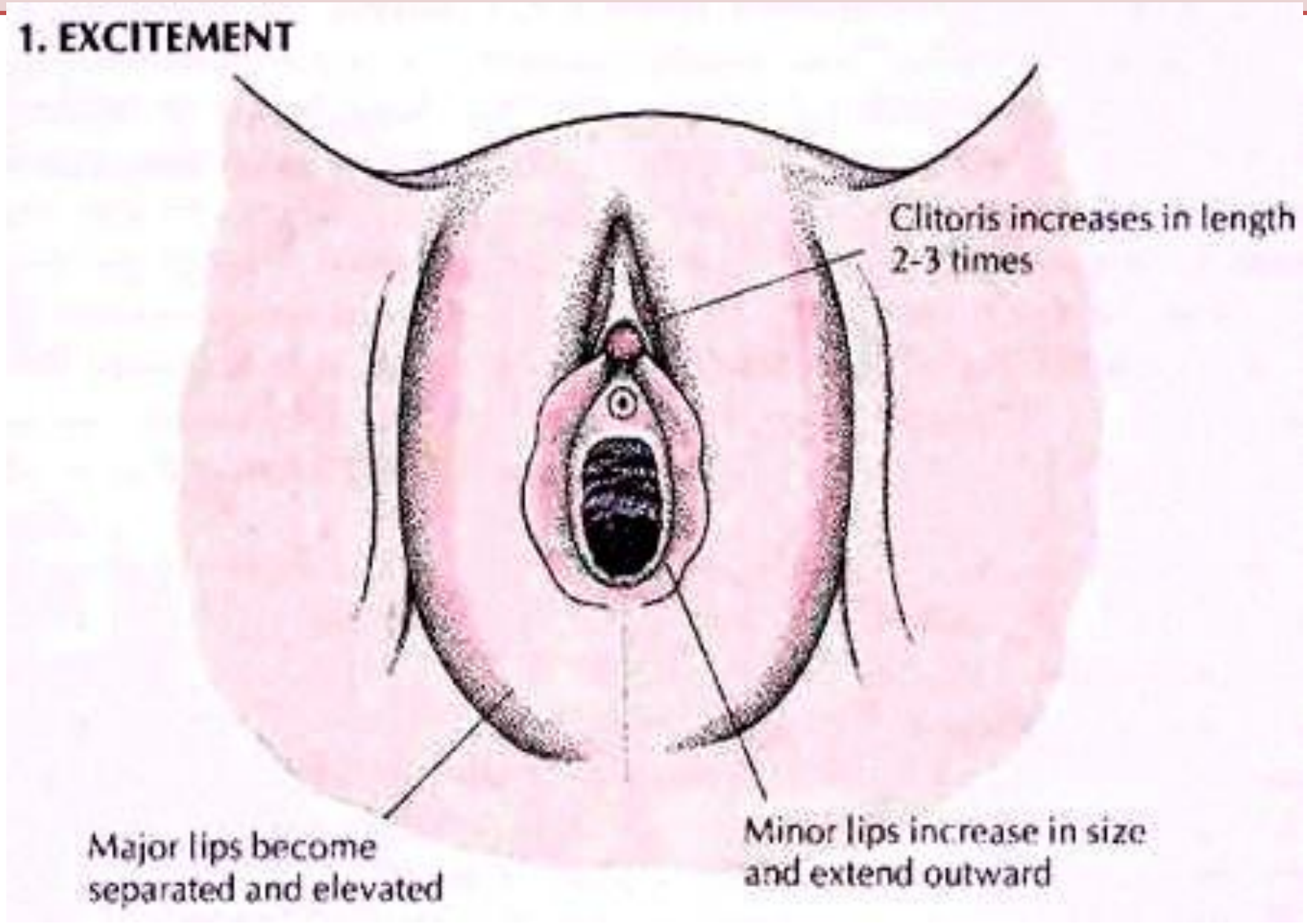
More recently, **Masters and Johnson** have relabeled these phases as

1. excitement, 2. plateau, 3. orgasm, and 4. resolution. In addition, they have introduced the concept of a fifth phase, the refractory period.

Sexual Response Cycle



1. EXCITEMENT



1.Excitement

Some general observations

Not only men but also women can become sexually aroused very suddenly, and some of them may experience one or more orgasms within a few minutes. As a matter of fact, there are women who reach orgasm fifteen to thirty seconds after they begin sexual intercourse.

It seems, however, that during the first stages of arousal women are more easily distracted than men and depend more on continued direct physical stimulation. For this reason, many females seem to need a longer time to reach orgasm during coitus than their male partners, whose excitement is often sustained and increased by psychological factors.

In general, females are less easily stimulated by mere sights and sounds, or by erotic fantasies and anticipations. On the other hand, when the average woman is able to concentrate on her **preferred method of stimulation** (during masturbation, for instance), she achieves orgasm just as quickly as the average man

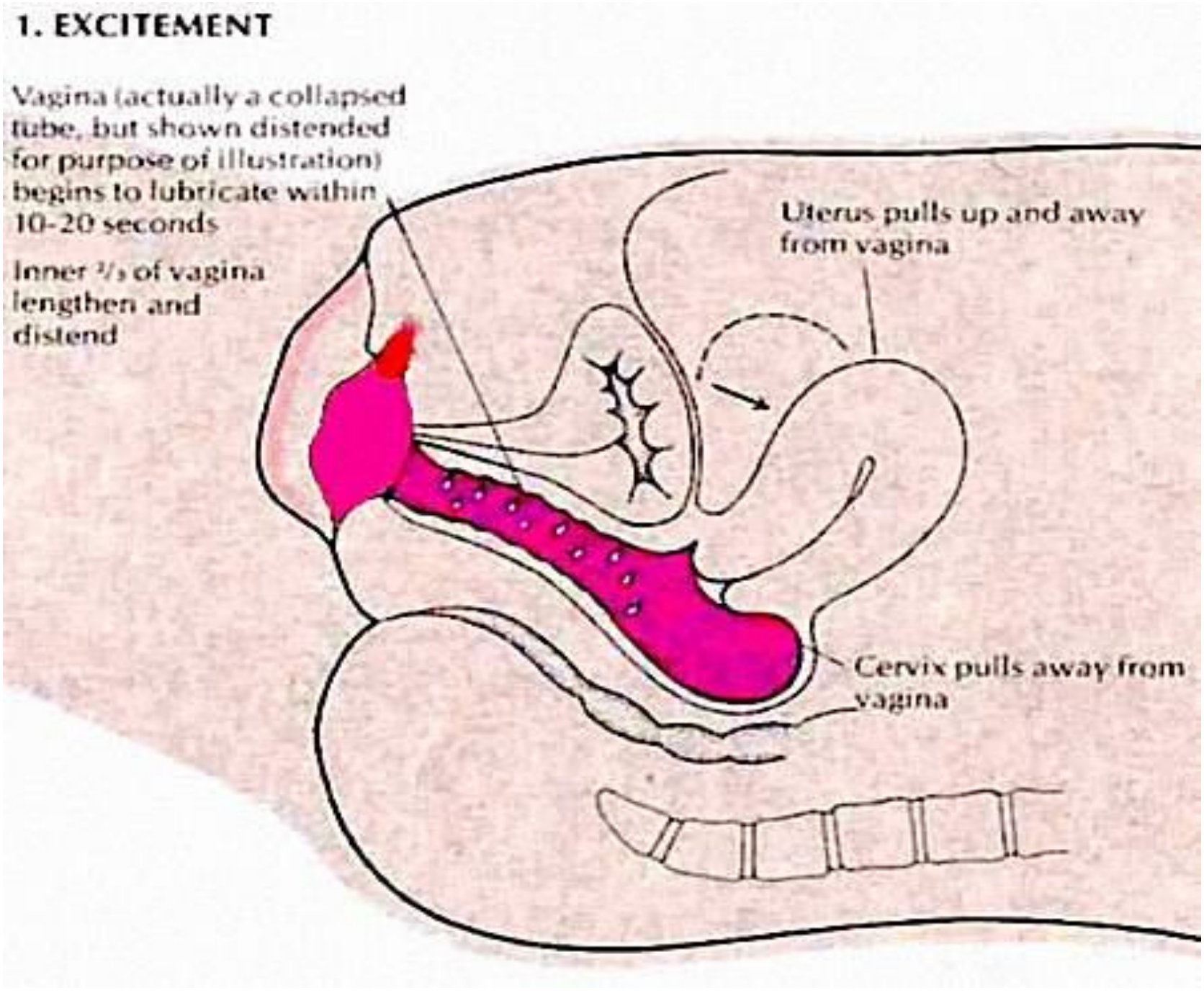
The Vagina

Mounting sexual excitement produces two major changes in the vagina:

1- An engorgement with blood, i.e. tumescence

2- A widening of the inner two thirds of the vaginal barrel, i.e. a tenting effect.

1. EXCITEMENT



1- Tumescence

The *first* and most obvious sign of sexual excitement and tumescence is the lubrication of the vagina. In response to effective stimulation, the vaginal walls begin to secrete a clear fluid which soon provides a moist coating for the entire vagina in preparation for coitus. Without such lubrication, the insertion of a penis into a vagina could be painful for both partners. (The corresponding sign of tumescence in males is the erection of the penis. In short, as the penis becomes ready to enter the vagina, the vagina becomes ready to receive it).

2-Tenting effect

With continued arousal, the inner two thirds of the vagina increase in both length and width, creating a tenting or ballooning effect. (In its unexcited state, the vagina is a collapsed tube, i.e., its walls are touching). At the same time, there is a vaginal color change from the usual red to a deep purple that becomes even darker during the following phases.

The Major Lips

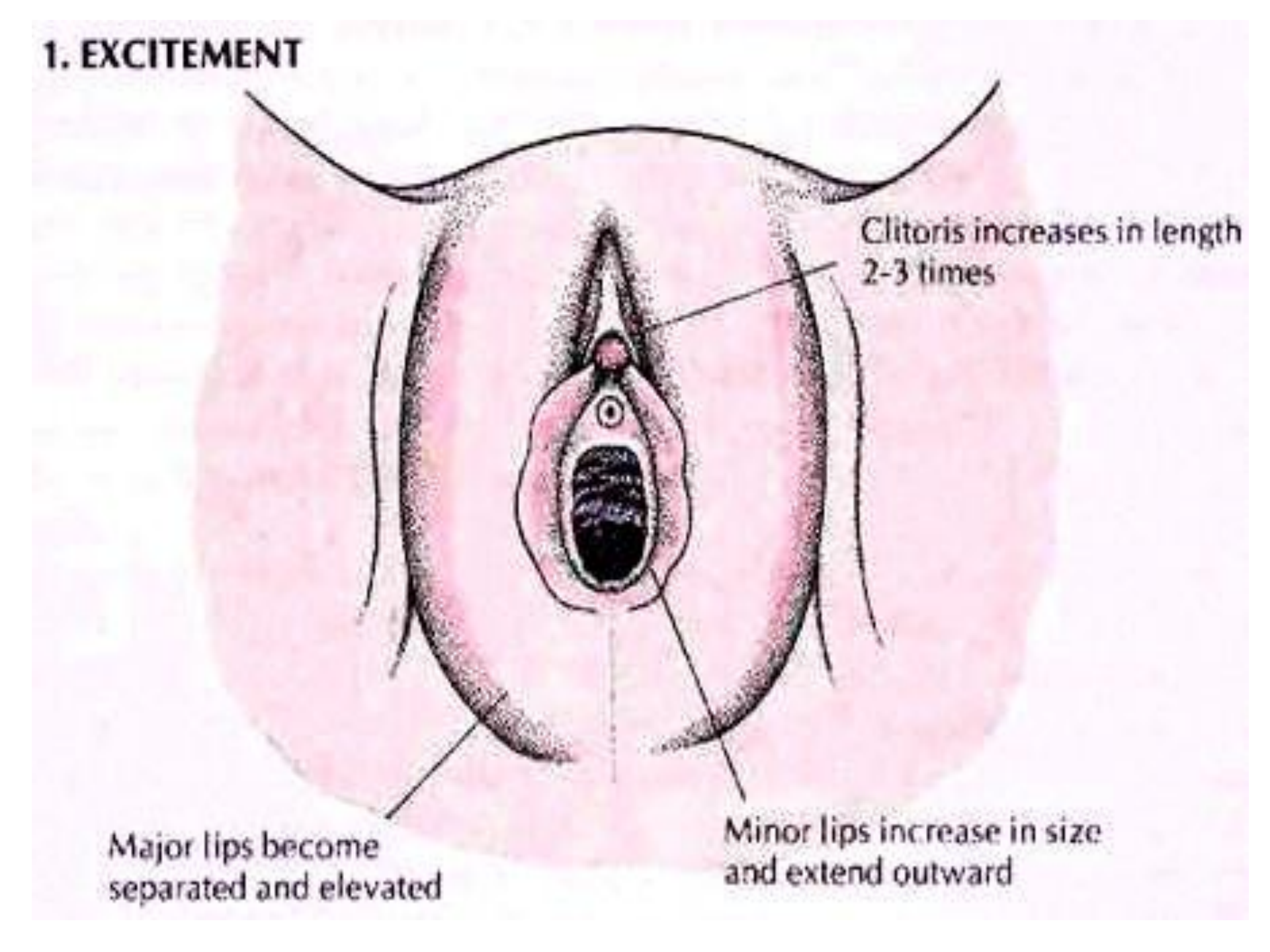
A woman's major lips respond differently, depending on whether she has given **birth** to children or not.

If she has not given birth, sexual excitement will cause her major lips to flatten out and expose the vaginal opening.

The major lips of a woman who has given birth, on the other hand, are rather large and now grow even larger as a result of engorgement.

Nevertheless, they also expose the vaginal opening.

1. EXCITEMENT



2-Tenting effect

The Minor Lips

The minor lips swell considerably in all women and also change their color to a progressively deeper red. The clitoris increases in size as its erectile tissue becomes filled with blood. This increase is usually most noticeable in the diameter of the clitoral shaft.

The Uterus&breasts

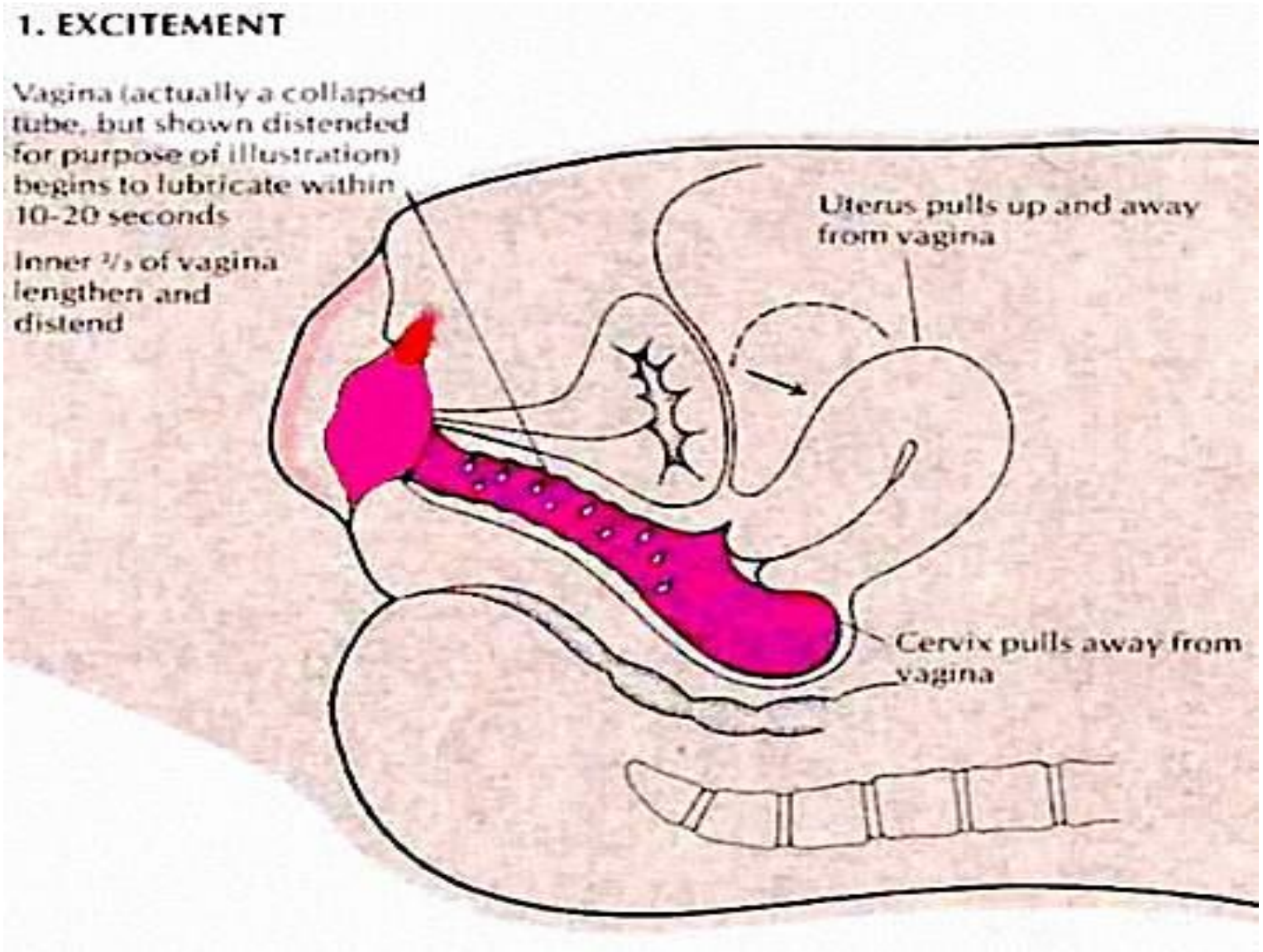
The uterus also begins to swell and is pulled upward into the abdomen, thus contributing to the lengthening of the vagina mentioned above. During sexual excitement, the nipples of the breasts become erect and maintain this erection throughout the other phases. However, since the dark area around each nipple, and, indeed the whole breast, soon also becomes engorged and swollen, the nipple erection itself gradually appears less conspicuous.

- **Muscle contractions and sex flush**

Mounting sexual tension further produces voluntary and involuntary muscular contractions in various parts of the body as well as a rise in pulse rate and blood pressure.

Most women also show a so called sex flush, i.e., a red rash which begins in the stomach area and then spreads to the breasts and neck. This rash lasts through the orgasmic phase.

1. EXCITEMENT

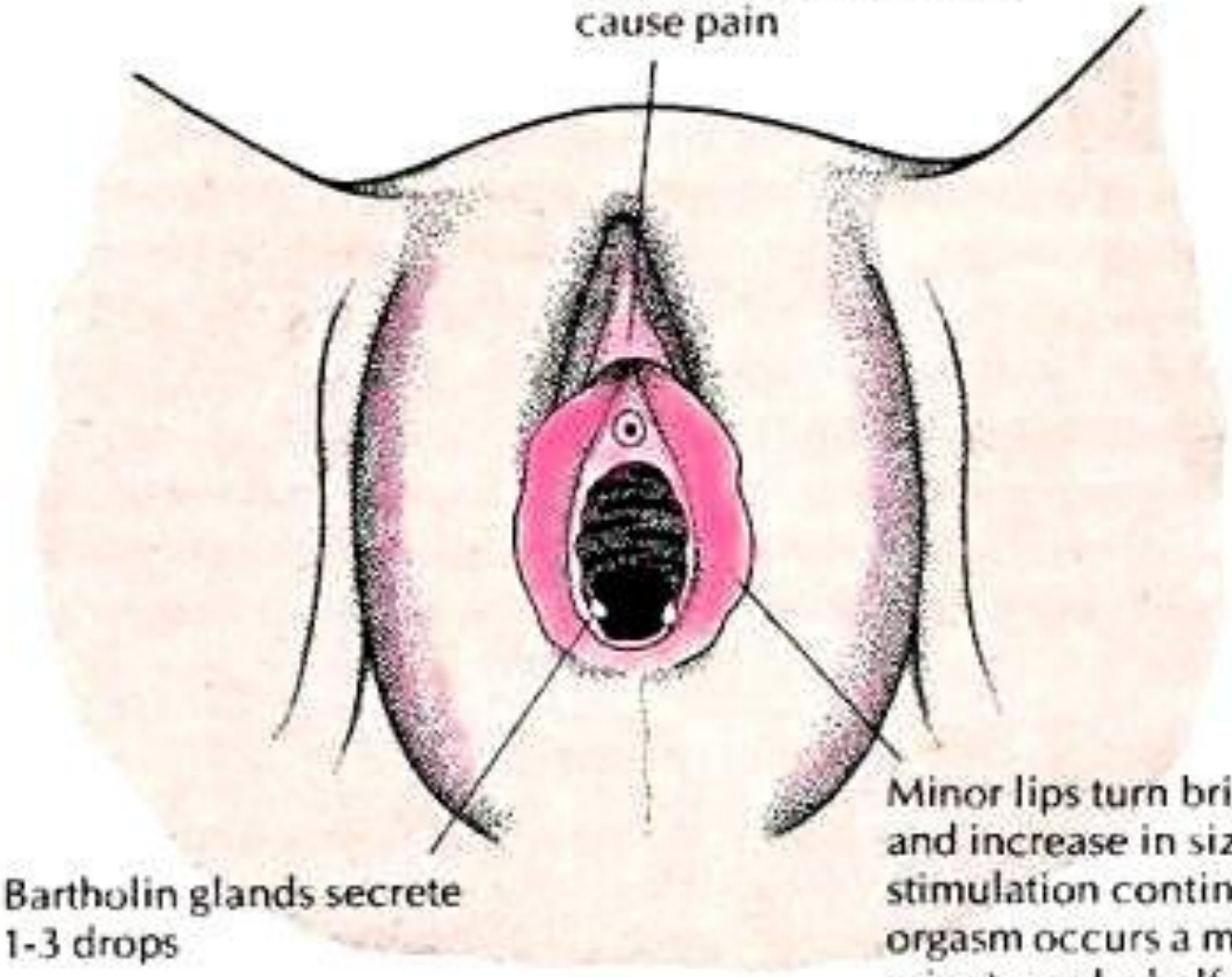


2. Plateau

Some general observations

The plateau phase is nothing more than the continuation of the excitement phase. The word "plateau" is meant to indicate that a certain even level of excitement has been reached which is then maintained for a while before orgasm occurs.

2. PLATEAU


Clitoris retracts under hood. It is difficult to locate and touching it directly may cause pain
Minor lips turn bright red and increase in size. (If stimulation continues, orgasm occurs a minute or a minute and a half after the bright red color appears)
Bartholin glands secrete 1-3 drops

- **The Vagina: Orgasmic Platform**

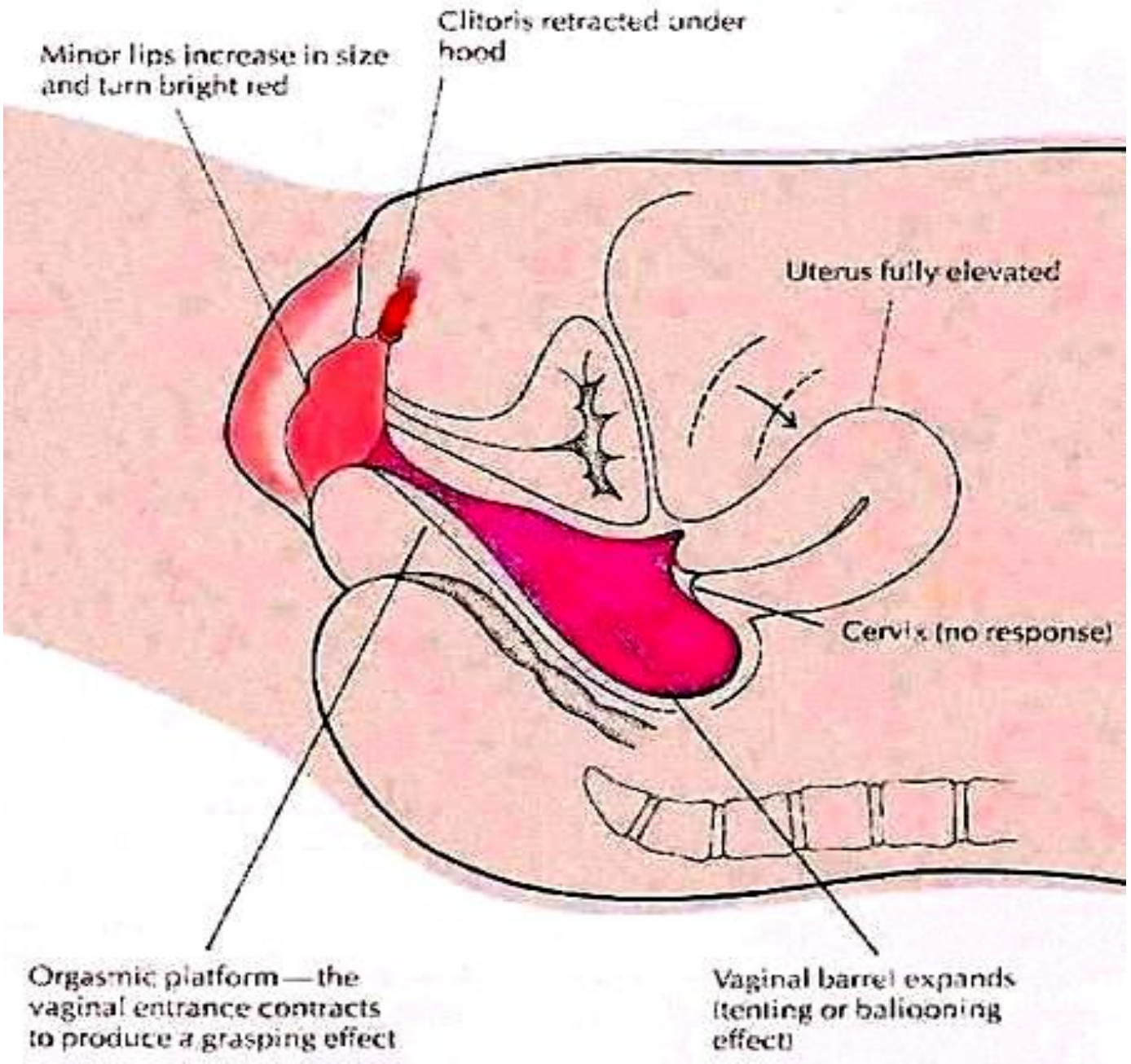
  There is only a slight increase in length and width of the inner two thirds of the vagina.
- **Outer one-third becomes congested with blood. As a result, this part of the vagina, which might have widened somewhat during the excitement phase, now narrows by about 33 percent.**
- **This congested and tightening outer third of the vagina has been named the "orgasmic platform" by Masters and Johnson.**

- **The Major and Minor Lips**

  While the major lips show no further changes during the plateau phase,
- **the minor lips continue to darken in color, especially in women who have given birth.**
- **This marked color change is a sign that orgasm is approaching.**

- **The Clitoris**
  The clitoris retracts under the clitoral hood or foreskin, and thus becomes inaccessible to direct stimulation by the woman or her sexual partner.
- **(In the past, it was not always understood that this retraction of the clitoris indicates an increase, not decrease, of sexual excitement).**
- **With mounting sexual excitement, the glans of the clitoris retracts under its hood.**

2. PLATEAU


Clitoris retracted under hood
Minor lips increase in size and turn bright red
Uterus fully elevated
Cervix (no response)
Orgasmic platform—the vaginal entrance contracts to produce a grasping effect
Vaginal barrel expands (tenting or ballooning effect)

2. Plateau

The Greater Vestibular (Bartholin's) Glands

The greater vestibular (Bartholin's) glands (which correspond to the bulbourethral [Cowper's] glands in the male) may secrete a small amount of fluid during the plateau phase or late in the excitement phase.

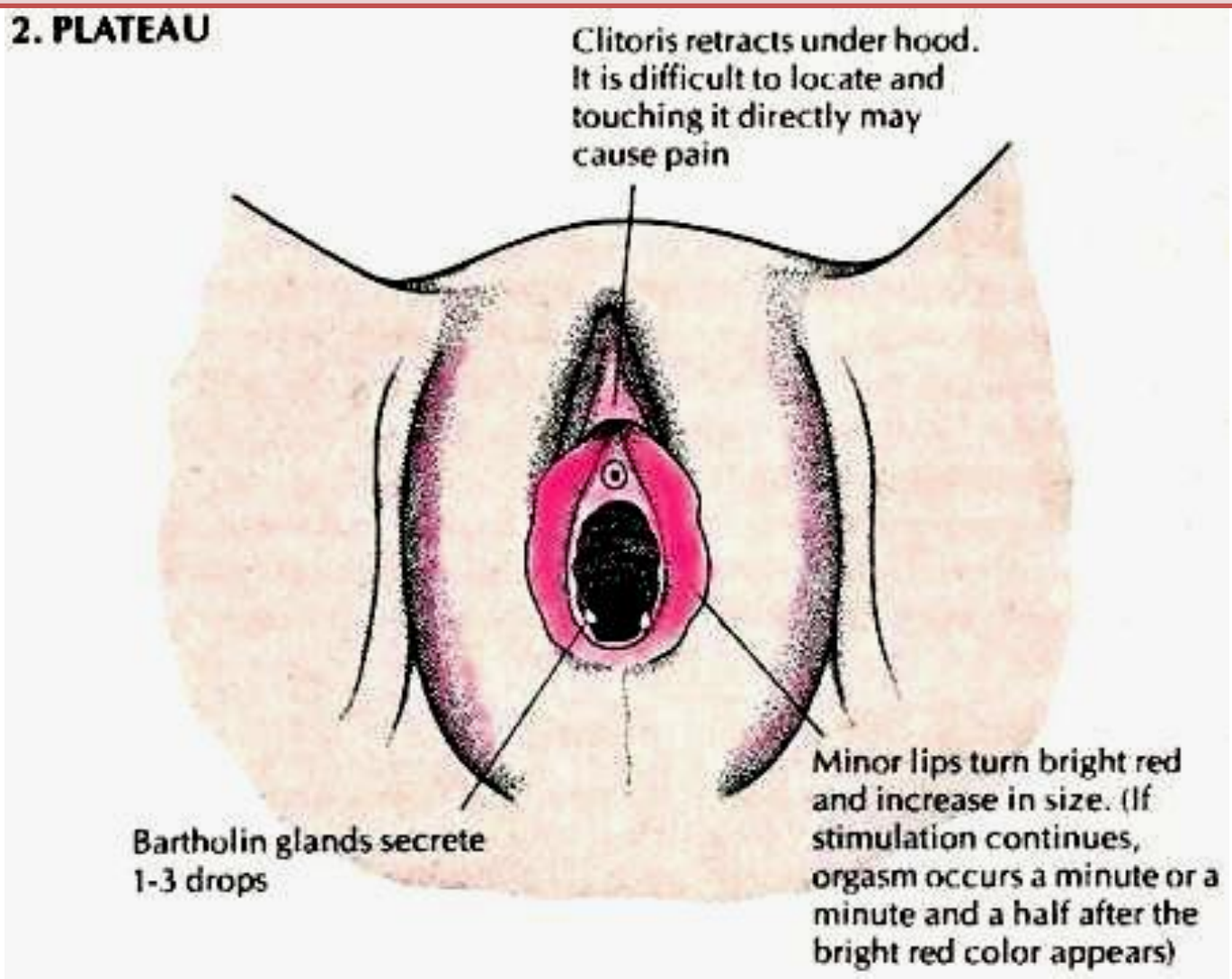
Uterus and Breasts

The uterus is pulled further upward into the abdomen and further increases in size. The breasts also reach their greatest expansion during the plateau phase.

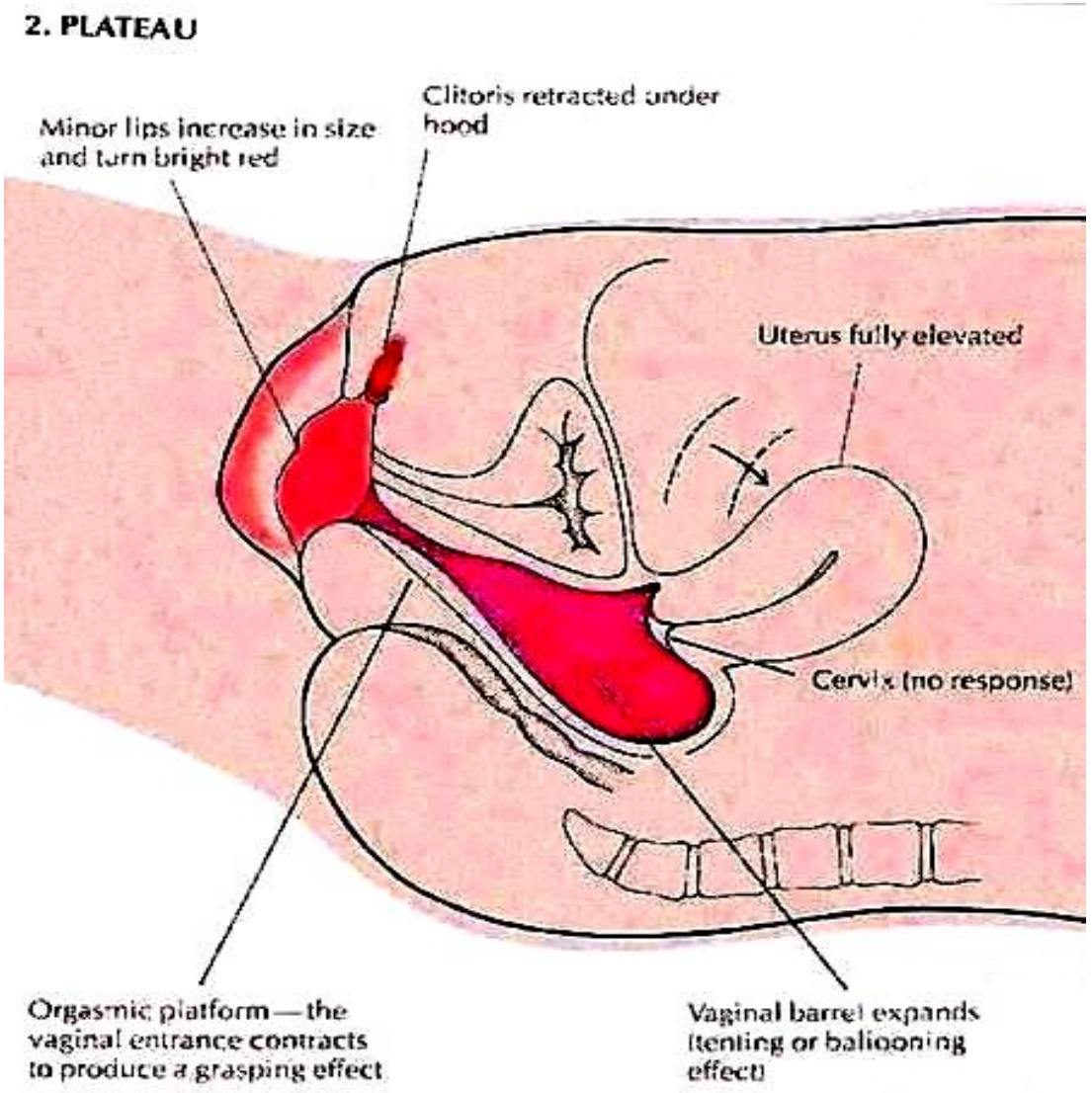
Sex Flush and Increasing Muscular Tension

The sex flush, if indeed it should have occurred, may now become more intense and cover a wider area. Voluntary and involuntary muscular tension greatly increases throughout the body. The pulse rate and blood pressure rise, and breathing becomes faster.

2. PLATEAU


2. PLATEAU
Clitoris retracts under hood. It is difficult to locate and touching it directly may cause pain
Bartholin glands secrete 1-3 drops
Minor lips turn bright red and increase in size. (If stimulation continues, orgasm occurs a minute or a minute and a half after the bright red color appears)

2. PLATEAU

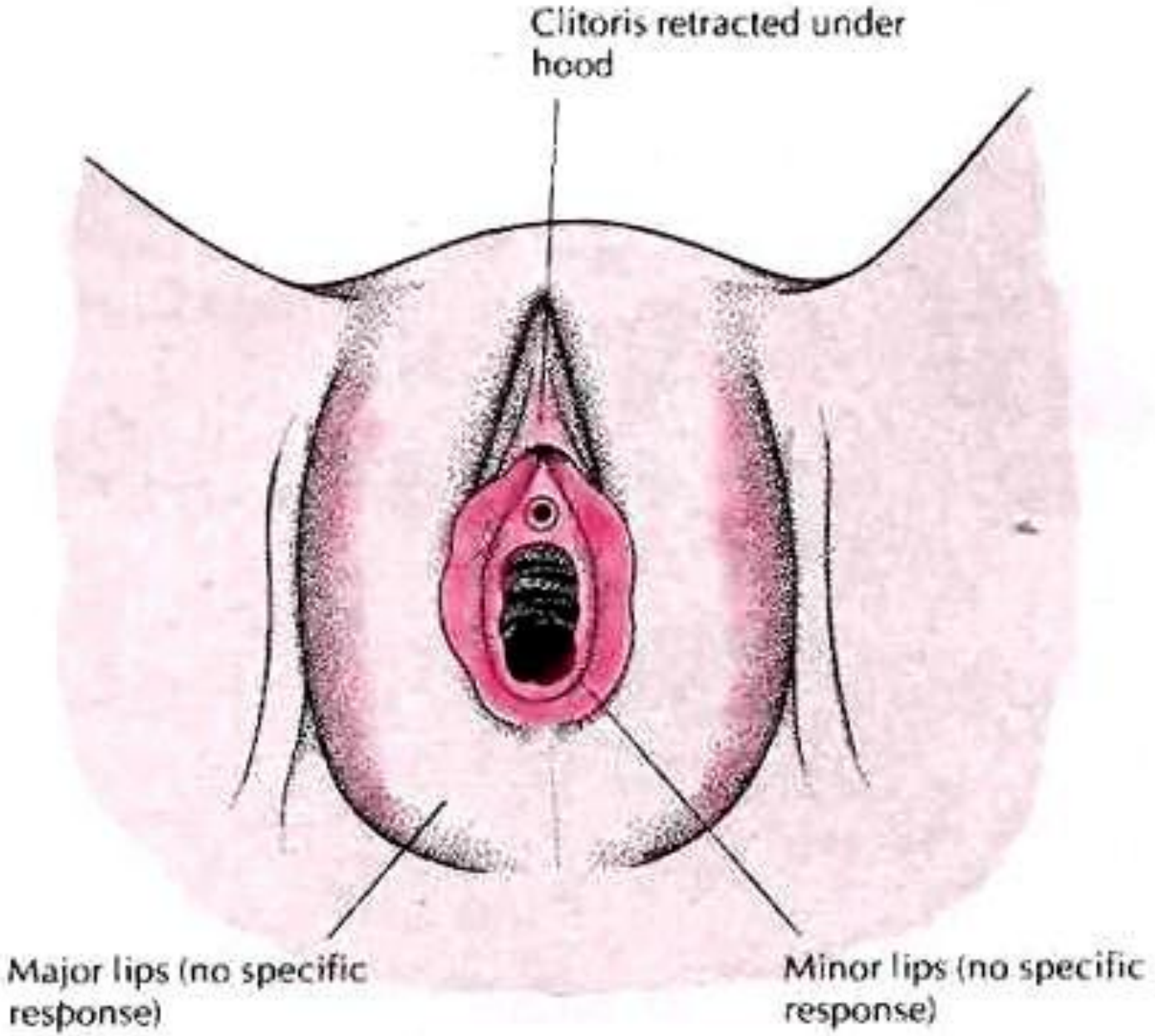

2. PLATEAU
Minor lips increase in size and turn bright red
Clitoris retracted under hood
Uterus fully elevated
Cervix (no response)
Orgasmic platform—the vaginal entrance contracts to produce a grasping effect
Vaginal barrel expands (tenting or ballooning effect)

3. Orgasm

Some general observations

Orgasm (lustful excitement) is the sudden release of muscular and nervous tension at the **climax of sexual excitement**. The experience represents the most intense physical pleasure of which human beings are capable and is basically the same for females and males. An orgasm lasts only a few moments and is felt very much like a **seizure** or rather a series of convulsions which involve the whole body and soon lead to complete relaxation.

3. ORGASM

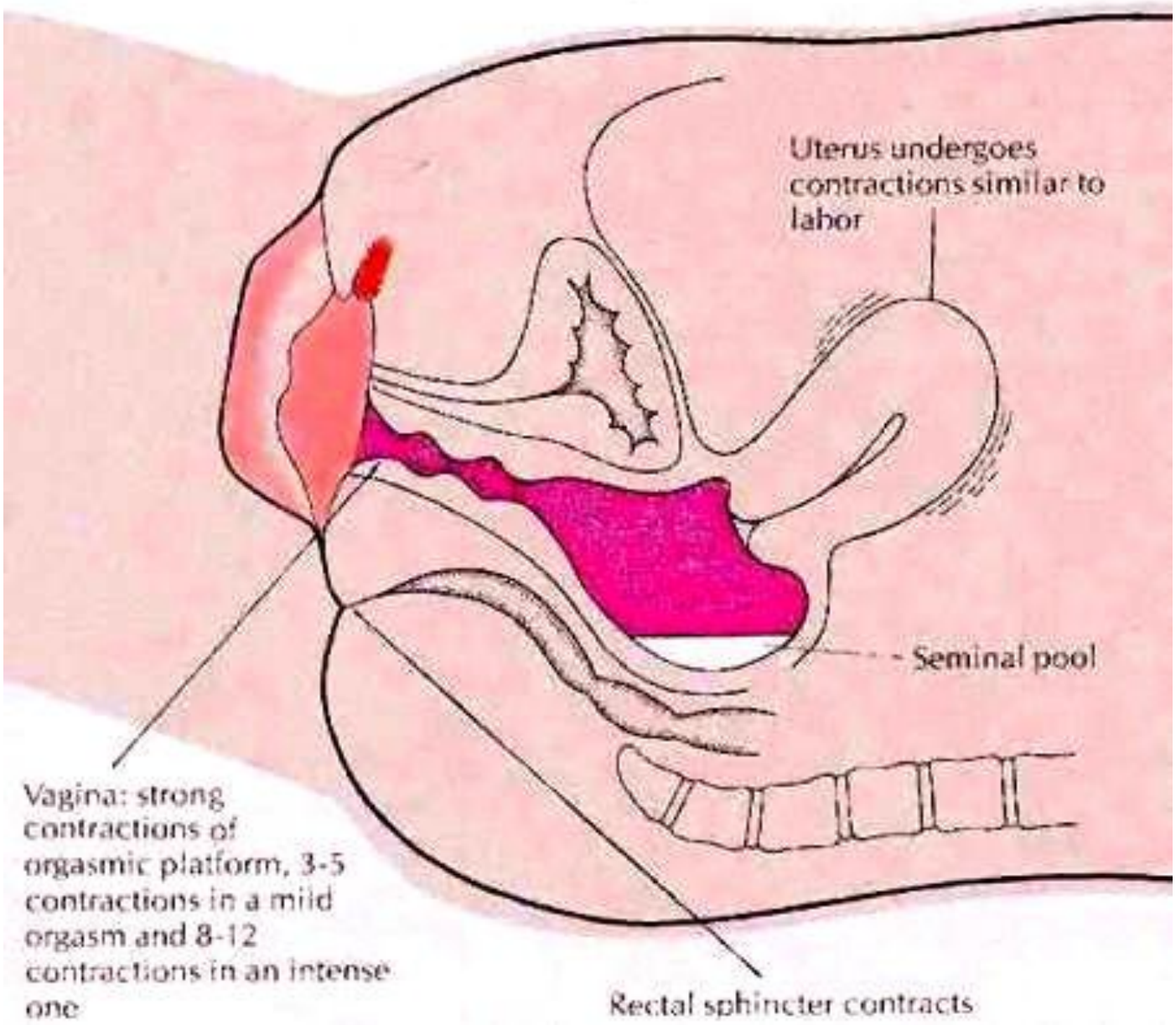

Clitoris retracted under hood
Major lips (no specific response)
Minor lips (no specific response)

- **The Vagina**

  In females, orgasm begins with strong, rhythmic contractions of the outer one-third of the vagina,

which Masters and Johnson call the orgasmic platform. These contractions, which may number from three to fifteen, first recur within less than a second, then, as they become weaker, at longer intervals.

3. ORGASM


Uterus undergoes contractions similar to labor
Seminal pool
Vagina: strong contractions of orgasmic platform, 3-5 contractions in a mild orgasm and 8-12 contractions in an intense one
Rectal sphincter contracts

3. Orgasm

Uterus and Anal Sphincter

Almost at the same time, the uterus begins to contract. However, the uterine contractions are irregular. They start at the top, working their way down, not unlike the contractions during the first stage of labor. The sphincter muscles of the rectum may also contract a few times at the same intervals as the orgasmic platform.

Muscular Tension, Pulse Rate and Blood Pressure

In general, there is great muscular tension, not only in the entire pelvic area, but also in other parts of the body, such as the neck, arms, hands, legs, and feet. The pulse rate and blood pressure rise slightly even beyond the level reached during the plateau phase, and breathing is very fast. The intensity of all of these physical reactions depends, of course, on the degree and duration of sexual tension.

Possible Patterns

Masters and Johnson found only one sexual response pattern in males. However, in females, they discovered some possible variations

Ejaculation?

In sexually mature males, orgasm is accompanied by the ejaculation of semen. Women do not produce semen, and, as a rule, do not ejaculate. However, there are exceptions: **In some women certain *paraurethral glands* (i.e. glands next to the urethra) have developed to a point where they produce an prostate-like fluid which can be expelled through the urethra during the muscular contractions of orgasm.** In these cases, many researchers speak of a **"female prostate" and female ejaculation.**

4. Resolution

Some general observations

After orgasm, the sex organs (and with them the whole body) need some time to return to their unexcited state.

The Vagina

During the so-called resolution phase, the congestion in the outer one-third of the vagina (the orgasmic platform) disappears quickly.

The Clitoris

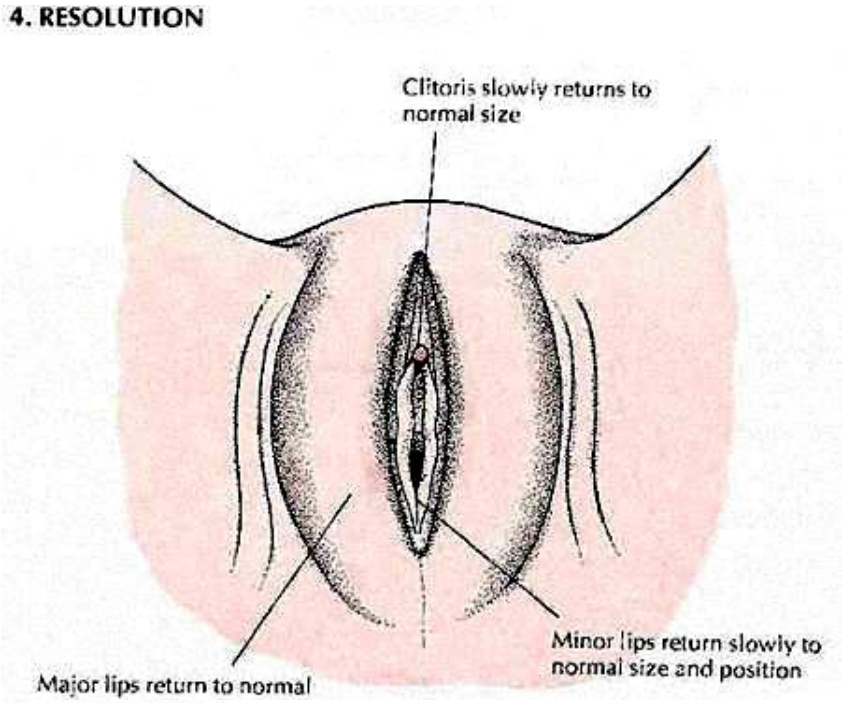
The clitoris reemerges from under the clitoral hood.

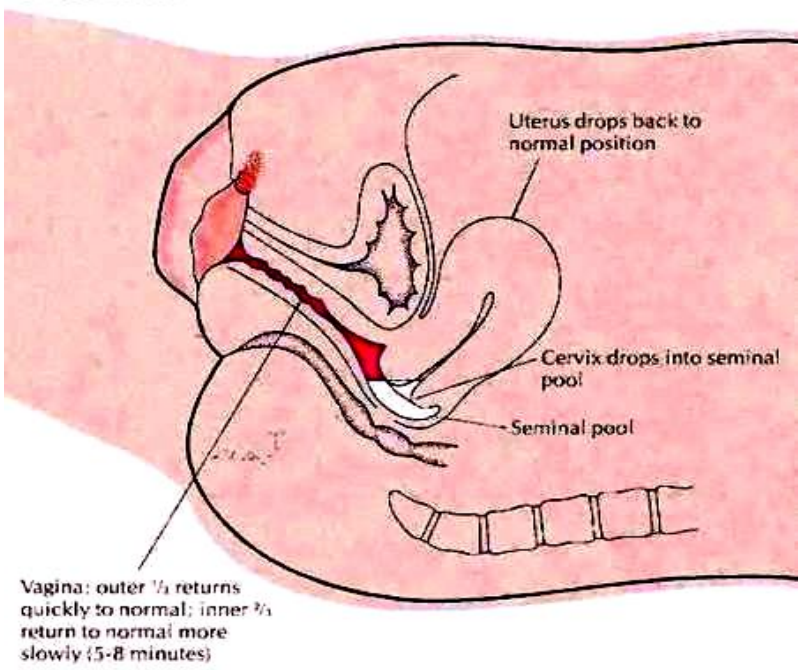
The Major and Minor Lips

The major and minor lips again assume their former shape and size.

The Uterus

The uterus also shrinks back to its usual size, and, as it descends from its elevated position in the abdomen, the “tenting” or “ballooning” effect in the inner two thirds of the vagina is eliminated.





4. Resolution

The Sex Flush

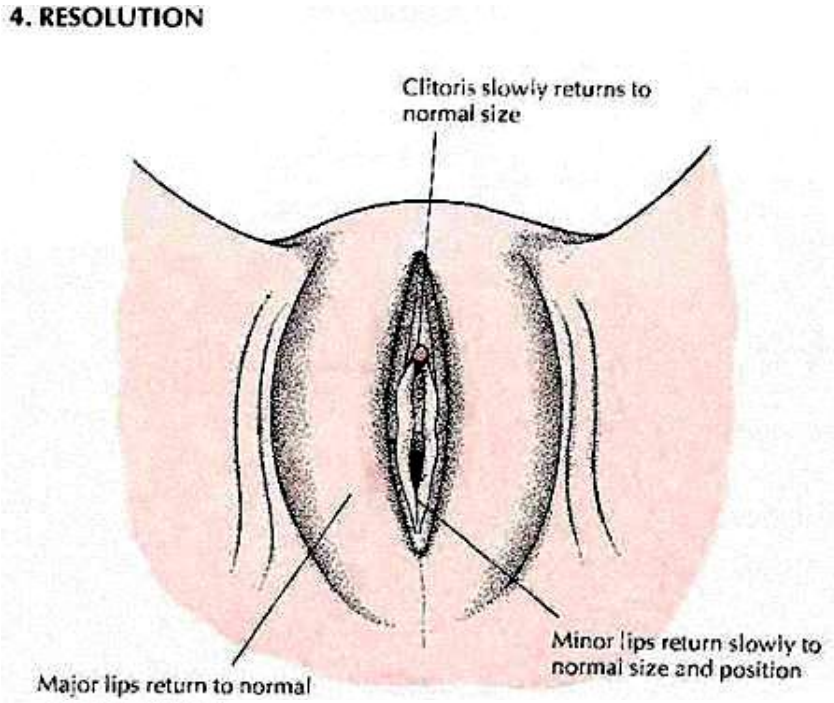
The sex flush mentioned earlier vanishes.

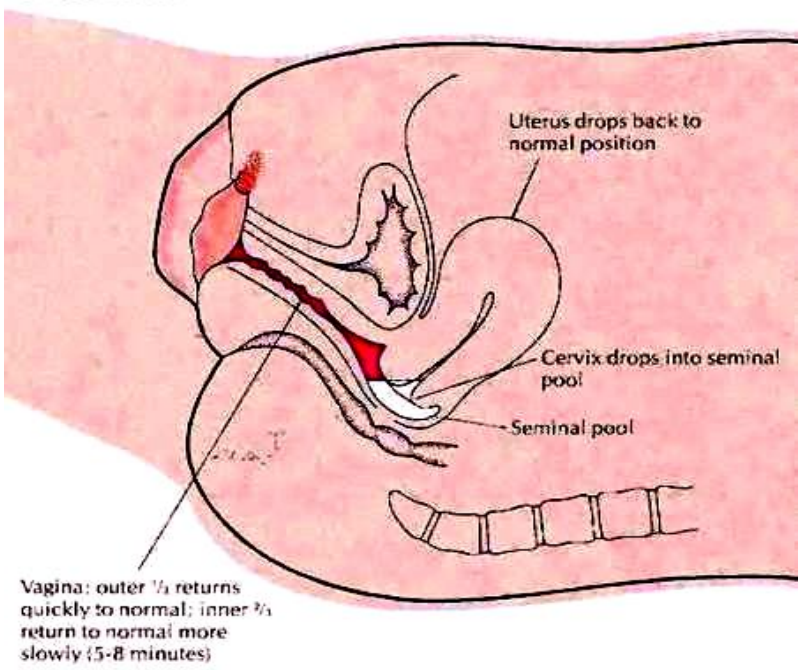
The Breasts

The nipples of the breasts and the breasts themselves slowly return to their normal state. With the release of muscular tension, the pulse rate and blood pressure decrease, and breathing becomes normal again.

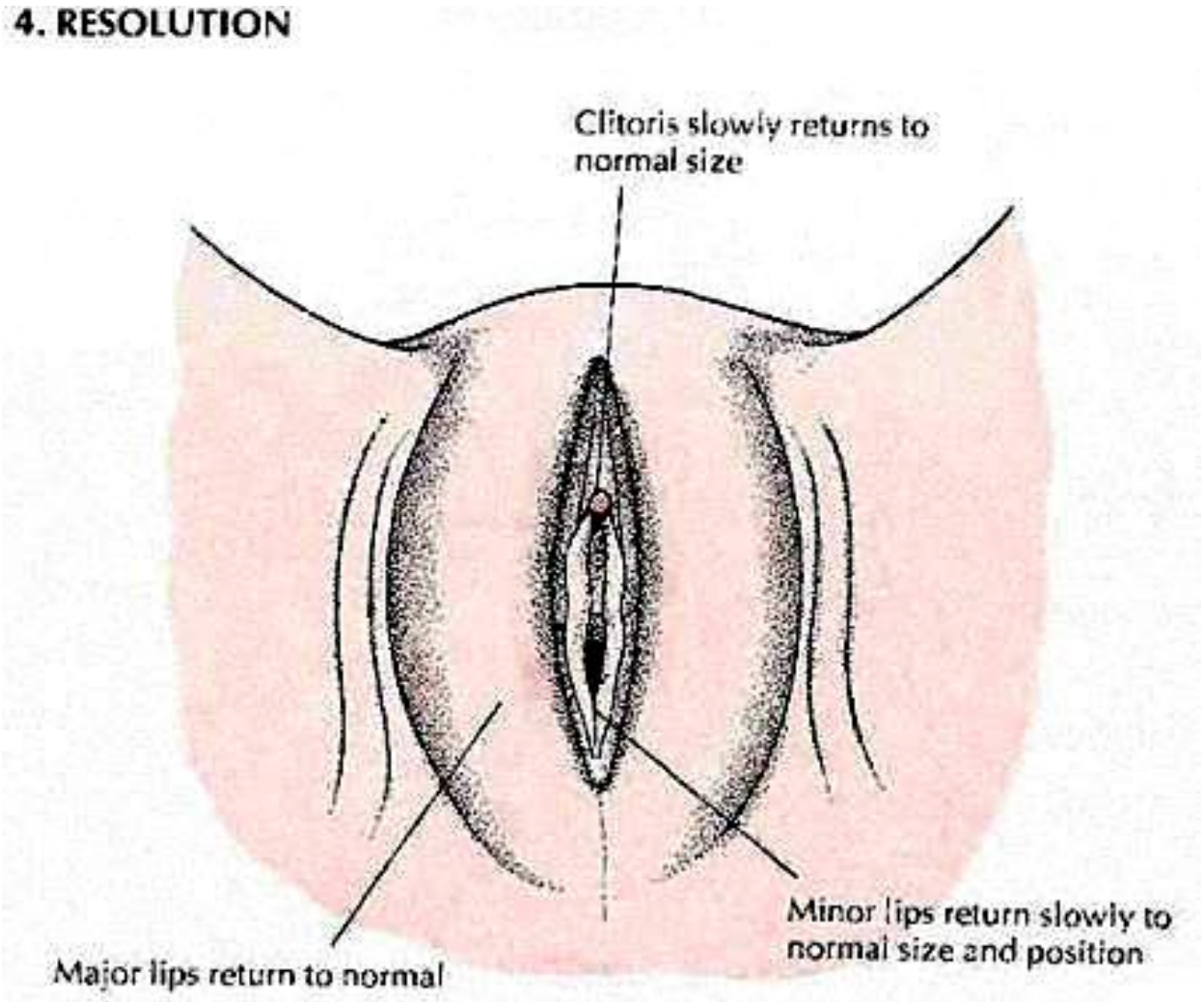
No "Refractory Period“

It should be noted at this point that, unlike men, many women do not seem to have a "refractory period," i.e. a rest period in which they cannot respond to additional stimulation. At any rate, if they do have one, it is not as obvious. In many cases continued or repeated stimulation can bring a woman to a second and third orgasm immediately following the first one. Indeed, many women are capable of having many orgasms in quick succession. Obviously, in this case, the resolution phase as described here does not begin until after the last of these orgasms.

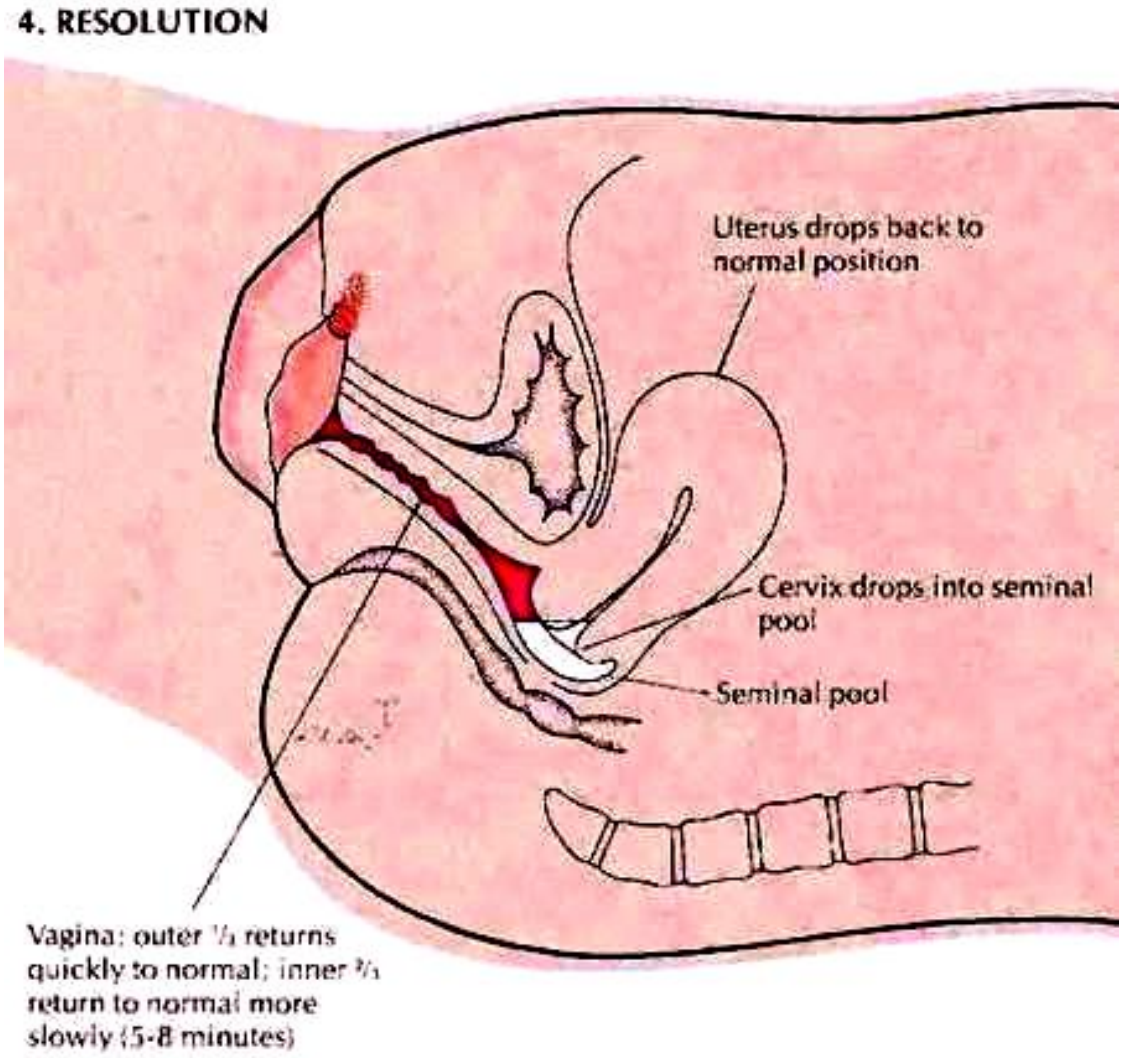




4. RESOLUTION



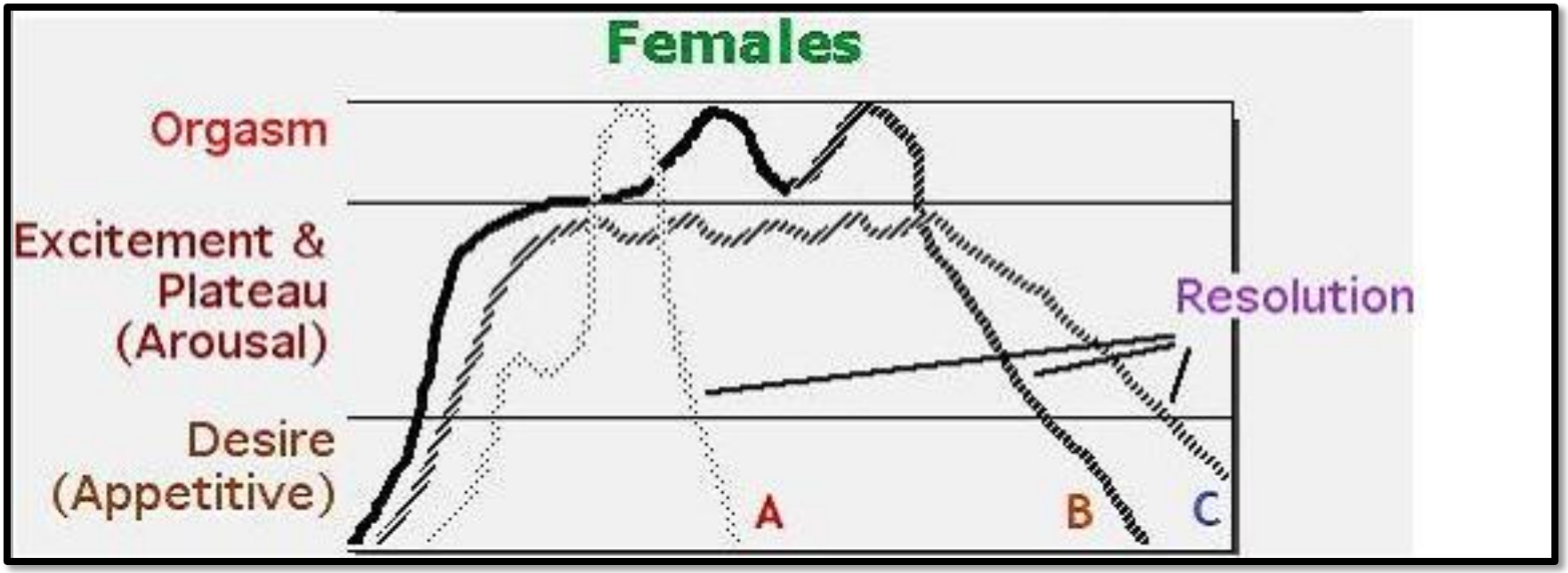
4. RESOLUTION

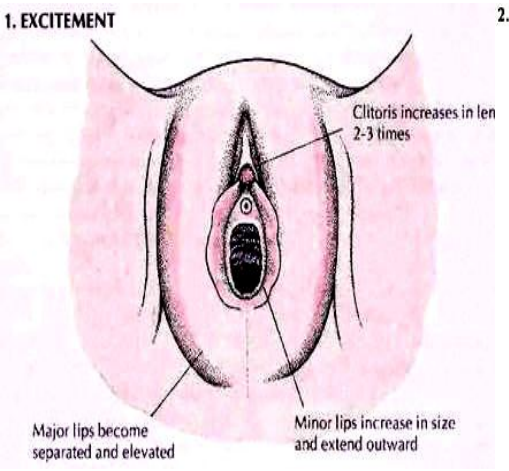


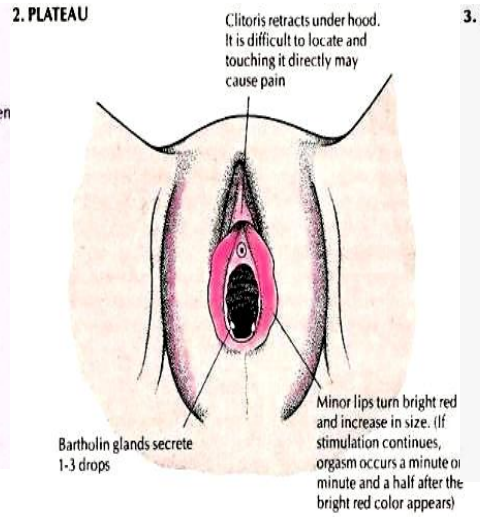
5. REFRACTORY PERIOD

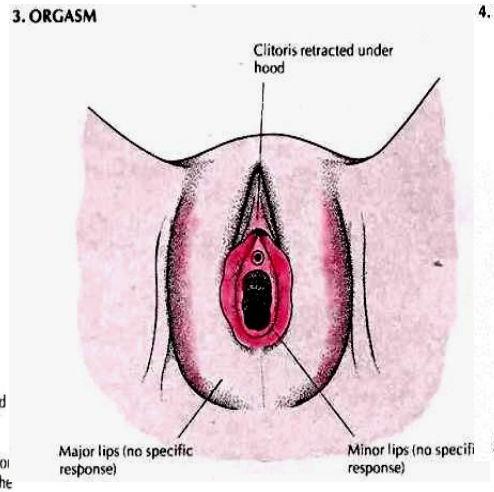
There is some evidence that females may also experience a so-called refractory period, i.e. a time after orgasm in which they do not respond to renewed sexual stimulation. However, this phenomenon is not always easily noticed, since many females are capable of several orgasms in quick succession.

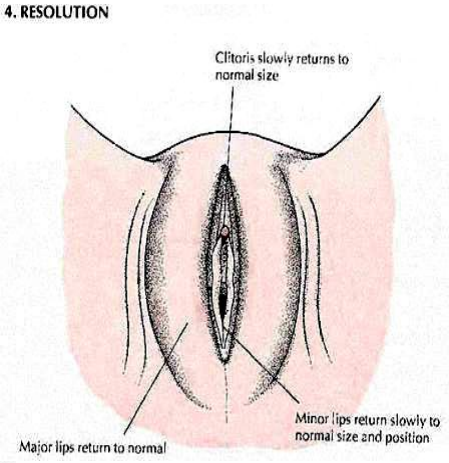
5. REFRACTORY PERIOD

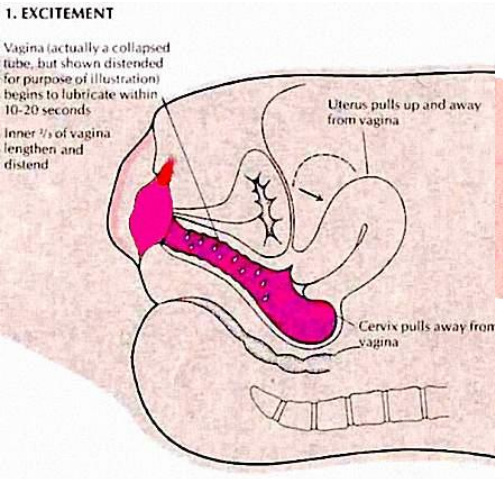


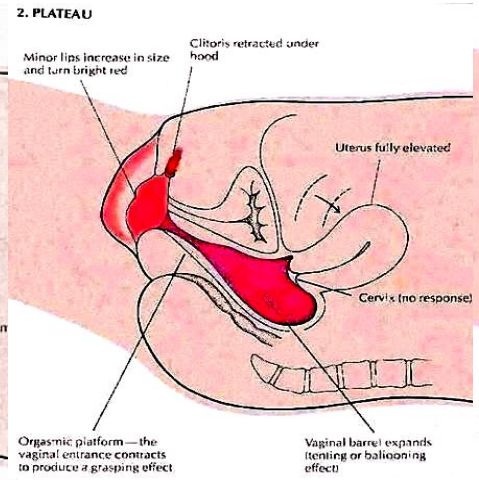

1. EXCITEMENT
Clitoris increases in len
2-3 times
Major lips become
separated and elevated
Minor lips increase in size
and extend outward

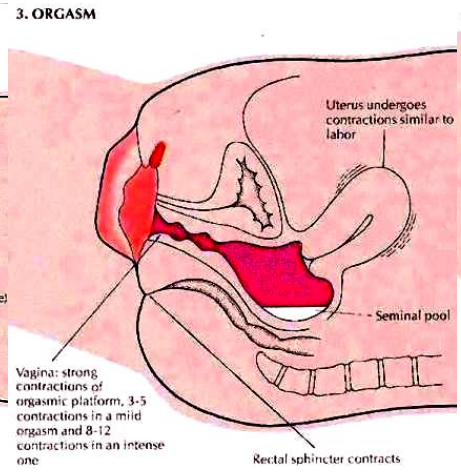

2. PLATEAU
Clitoris retracts under hood.
It is difficult to locate and
touching it directly may
cause pain
Bartholin glands secrete
1-3 drops
Minor lips turn bright red
and increase in size. (If
stimulation continues,
orgasm occurs a minute o
minute and a half after the
bright red color appears)

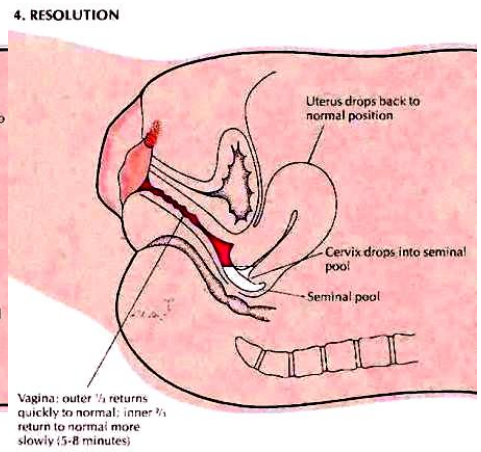

3. ORGASM
Clitoris retracted under
hood
Major lips (no specific
response)
Minor lips (no specifi
response)

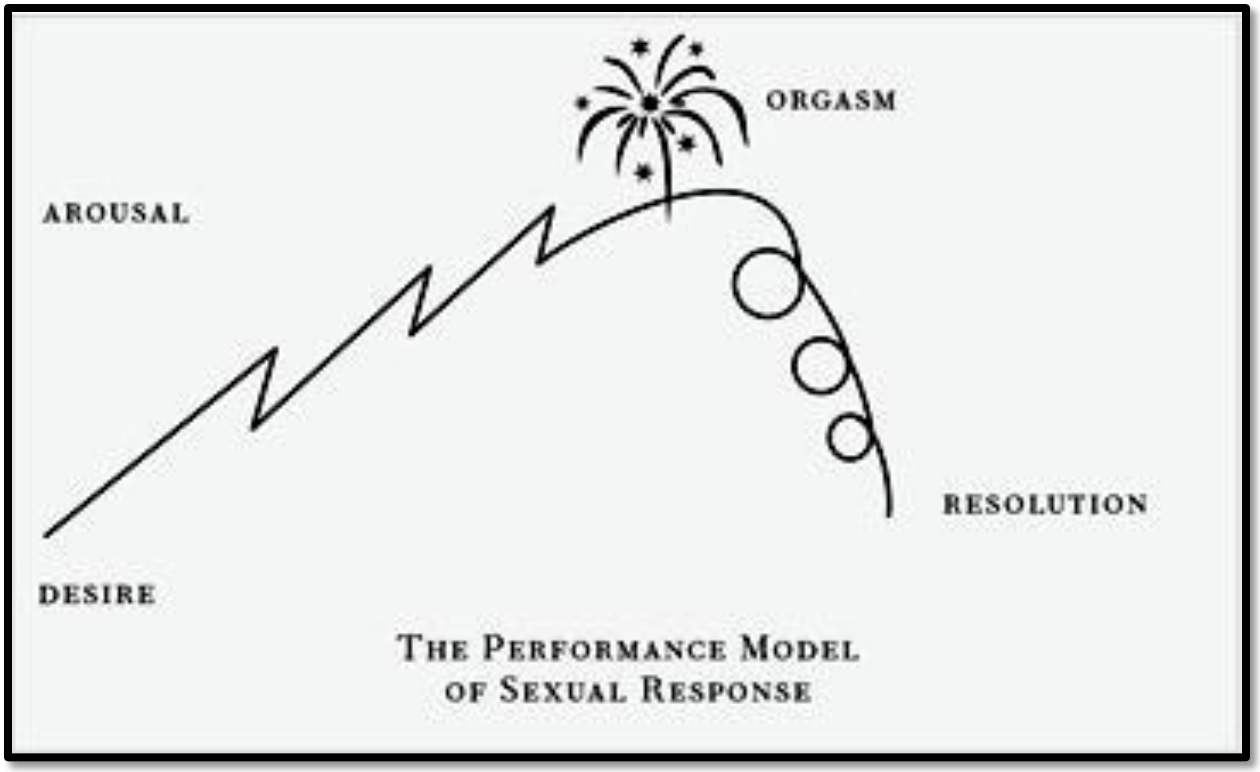

4. RESOLUTION
Clitoris slowly returns to
normal size
Major lips return to normal
Minor lips return slowly to
normal size and position


1. EXCITEMENT
Vagina (actually a collapsed
tube, but shown distended
for purpose of illustration)
begins to lubricate within
10-20 seconds
Inner ⅓ of vagina
lengthen and
distend
Uterus pulls up and away
from vagina
Cervix pulls away from
vagina


2. PLATEAU
Minor lips increase in size
and turn bright red
Clitoris retracted under
hood
Uterus fully elevated
Cervix (no response)
Orgasmic platform—the
vaginal entrance contracts
to produce a grasping effect
Vaginal barrel expands
(tenting or ballooning
effect)

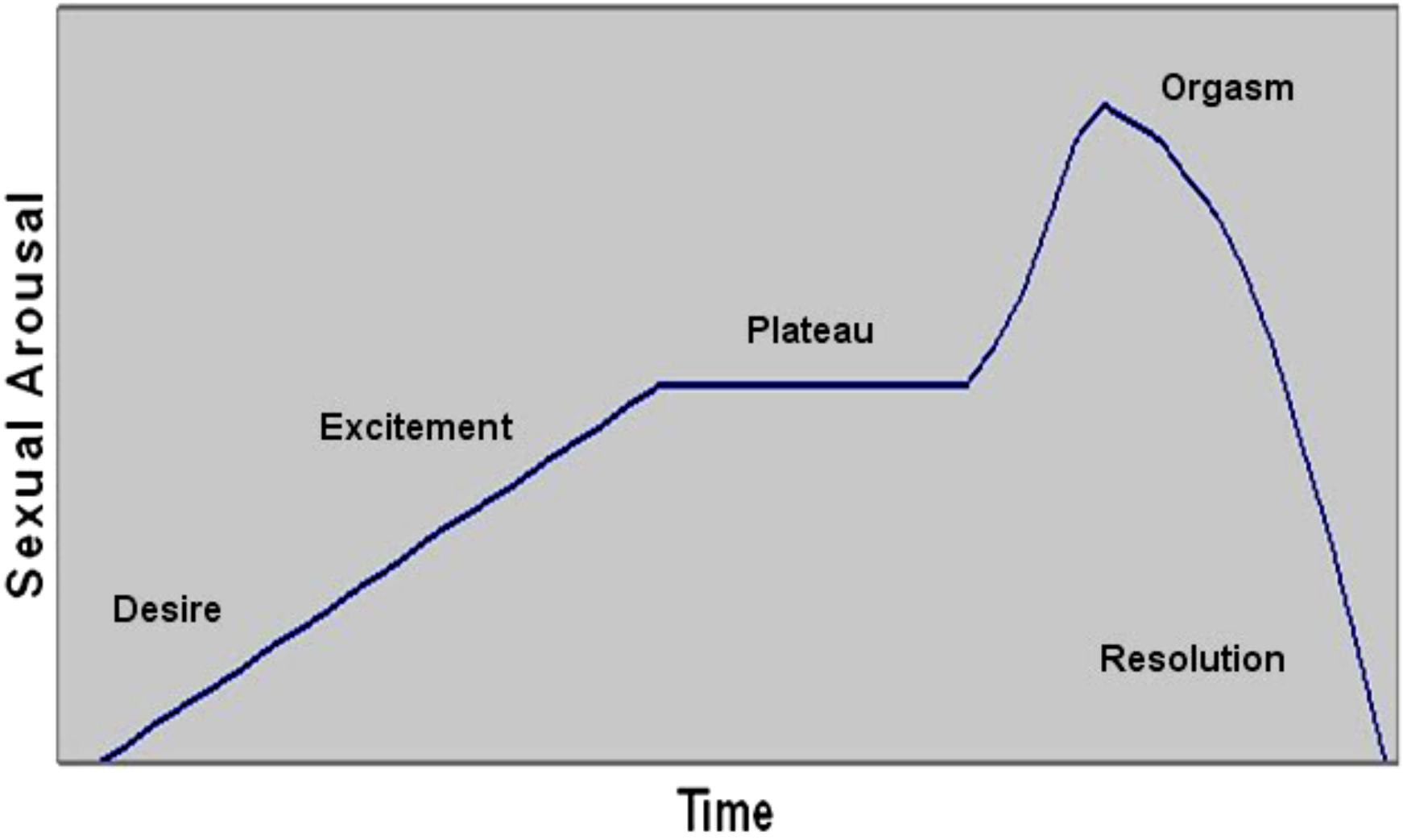

3. ORGASM
Uterus undergoes
contractions similar to
labor
Seminal pool
Vagina: strong
contractions of
orgasmic platform, 3-5
contractions in a mild
orgasm and 8-12
contractions in an intense
one
Rectal sphincter contracts

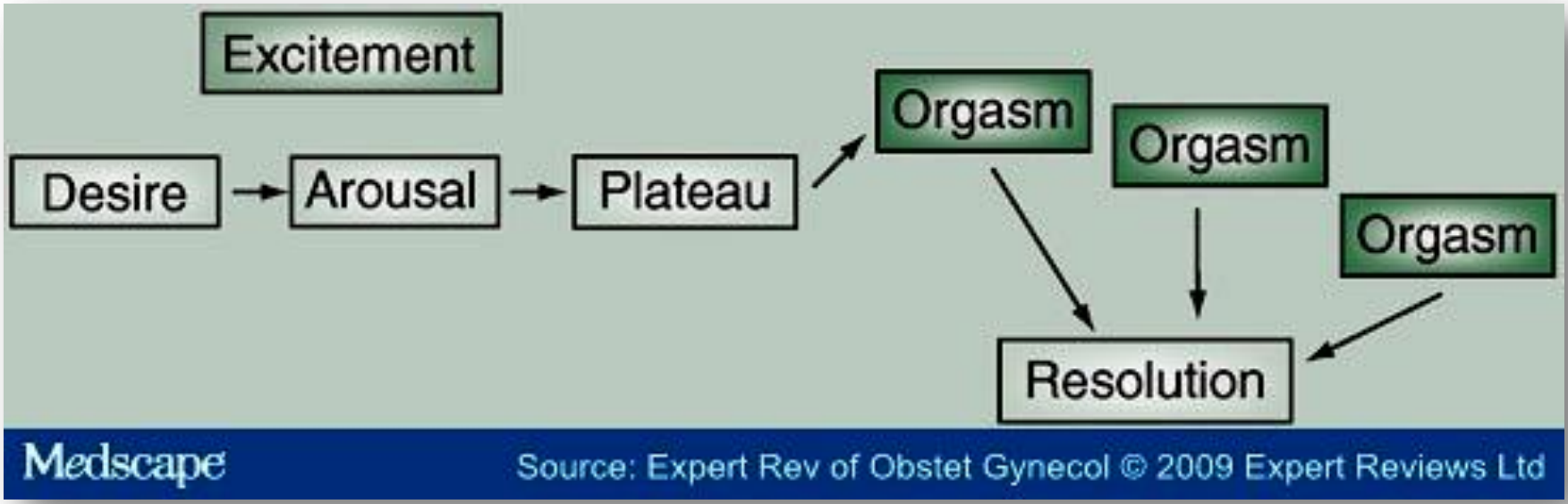

4. RESOLUTION
Uterus drops back to
normal position
Cervix drops into seminal
pool
Seminal pool
Vagina: outer ⅓ returns
quickly to normal; inner ⅔
return to normal more
slowly (5-8 minutes)



THE PERFORMANCE MODEL
OF SEXUAL RESPONSE

Sexual Response Cycle




Excitement
Desire
Arousal
Plateau
Orgasm
Orgasm
Orgasm
Resolution
Medscape
Source: Expert Rev of Obstet Gynecol © 2009 Expert Reviews Ltd